DOCUMENT RESUME

ED 036 929 EC 004 957

TITLE	Handbook of Services.
INSTITUTION	Wisconsin State Dept. of Public Instruction, Madison. Div. for Handicapped Children.
PUB DATE	[68]
NOTE	96p.
EDRS PRICE	EDRS Price MF-$0.50 HC-$4.90
DESCRIPTORS	Ancillary Services, Aurally Handicapped, Educational Legislation, *Educational Programs, Emotionally Disturbed, *Exceptional Child Education, *Handicapped Children, Hearing Conservation, Homebound Children, Learning Disabilities, Mentally Handicapped, Physically Handicapped, Special Health Problems, *Special Services, Speech Handicapped, Speech Therapy, *State Programs, Teacher Education, Visually Handicapped
IDENTIFIERS	Wisconsin

ABSTRACT

Wisconsin's community centered medical and educational services for handicapped children are surveyed, including programs for defective hearing and/or defective vision, hearing conservation, and speech correction. Also reviewed are programs for crippled children (including cardiacs), emotionally disturbed and mentally retarded children, and children having learning disabilities or needing home instruction. Special supportive services include boarding home placement, medical social service, instructional materials consultant, and research and evaluation; general supportive services are teacher training institutions and teacher training, recruitment, and certification. Appendixes present state statute provisions on financing special programs; scholarships for handicapped students; federal legislative provisions for personnel preparation in the area of the handicapped; the Title VI-A, ESEA program; staff of the Division for Handicapped Children; and geographic areas of assignment. (JD)

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Division for Handicapped Children

HANDBOOK OF SERVICES

Wisconsin Department of Public Instruction
William C. Kahl, Superintendent

ED036929

Division for Handicapped Children

HANDBOOK OF SERVICES

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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Wisconsin Department of Public Instruction William C. Kahl, Superintendent

FOREWORD

Wisconsin is fortunate to have legislation which brings all community-centered medical and educational services to handicapped children into a single agency – the Division for Handicapped Children's Services. The Wisconsin Statutes assign to the Division the responsibility for services to all categories of handicapped youngsters, including those with vision, hearing, speech, orthopedic, cardiac, emotional problems, other physical and mental handicaps or a combination of any of these. Our staff is multi-disciplinary in character, with the following professions represented: medicine, psychology, speech therapy, audiology, social work, nursing and special education. Staff versatility allows for a coordinated professional effort in behalf of individual children whenever indicated.

The Division for Handicapped Children is very fortunate to have the closest cooperation in matters of mutual concern with such state and community organizations as medical societies, parent groups, teacher associations, welfare and health councils and local units of government.

This publication is intended to give a broad overview of the programs provided by the Division for Handicapped Children's Services for those needing specialized assistance. Additional material providing detailed information on specific aspects of our various programs is also available.

We trust this publication, developed by our Division staff, will be of assistance to those persons and groups interested in serving handicapped children.

John W. Melcher
Administrator
Division for Handicapped Children's Services

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AVAILABILITY OF PUBLICATIONS

Each program section is followed by a listing of related publications. Material for lay and professional persons is included where available. The staff regrets that mass distribution for groups or classes is not possible. Reprints of each program are available and copies may be obtained from the Publications and Information Services, Room 319, Department of Public Instruction, 126 Langdon Street, Madison, Wisconsin 53702

The Division staff strongly recommends that such sources as local libraries, associate and regional Instructional Materials Centers and special education departments of colleges and universities be contacted for materials in addition to those available from the State Department of Public Instruction.

ACKNOWLEDGEMENTS

The Division wishes to acknowledge the cooperative contributions of the staff members representing the service disciplines described in this publication.

The valuable assistance of Paul Zagorski must be recognized as an essential element in the development, organization and printing of this handbook.

Kenneth R. Blessing, Ph.D.
Director of Special Education
Division for Handicapped Children

INTRODUCTION

HISTORY OF DIVISION FOR HANDICAPPED CHILDREN'S SERVICES

Programs of educational treatment in Wisconsin have historically included provisions for handicapped children. Formalized evidence of this is found in the establishment of the School for the Blind in 1850. Two years later, legislative action provided for the initiation of residential facilities for deaf children. Initiation of these services was followed by the inception of day school services for the blind and deaf in 1882. Wisconsin has the distinction of providing the first supervisor for an area of handicap within a State Department of Public Instruction.

A cursory history of program extension includes the appointment of a state supervisor for services for speech defectives in 1913, legislative provision for programs for the mentally retarded in 1917, services of the first state supervisor-psychologist in 1917 and commencement of physical therapy services and orthopedic school provisions in 1927. The Crippled Children's Division of the State Department of Public Instruction was also created in 1927. Federal legislation in 1935 placed major emphasis on service to individual children, providing annual grants for the stimulation of provisions for crippled children. The first federal monies were received a year later.

Legislation providing for the creation of the Bureau for Handicapped Children was enacted in 1939. All areas of service for handicapped children, including the Crippled Children's Divison, were integrated into one agency. This legislation designated responsibilities for the Bureau Director in coordination, supervision and implementation of all segments of the program. The supervision of the residential school for the blind (now the Wisconsin School for the Visually Handicapped) and the residential school for the deaf (Wisconsin School for the Deaf) was assigned to the Bureau for Handicapped Children at that time.

Some areas of service implemented since 1940 include summer programs for aphasic, cleft palate, stuttering and hard of hearing children, summer physical therapy treatment centers, extended homebound instruction programs and summer classes for handicapped children. More recent services included day classes for handicapped children operated by counties and Cooperative Educational Service Agencies, pre-school services for blind and deaf children and their parents, kindergarten services for visually handicapped children, full-day trainable services, work-study programs for handicapped adolescents and a state-wide hearing conservation program with a mobile unit.

In addition, the Bureau provided an increased aid program for physically handicapped children's transportation to regular school, services for children with cystic fibrosis and other physical disabilities, itinerant programs for hard of hearing children, encouragement of teacher aide programs and support of ancillary services of school psychologists, directors, coordinators and supervisors of special education.

As of October 1968, the Bureau was reorganized according to the Kellett plan and is now officially known as the Division for Handicapped Children's Services, which has two sub-groups, the Bureau for Special Education and the Bureau for Crippled Children.

This history is intended only to exemplify the variance of Division programs. A description of specific service provisions and functions will be treated by the respective professional disciplines. The Bureau is composed of the Crippled Children's Section, Day Schools, Homebound Instruction and Residential Schools for the Visually Handicapped and Deaf.

General areas of staff function include (1) Leadership and Consultation, (2) Planning, (3) Research and Evaluation, (4) Coordination, (5) Certification, (6) Public Relations and (7) Aids and Reimbursements.

GOALS OF THE DIVISION

The staff of the Division for Handicapped Children is currently comprised of thirty-two professional persons in addition to the personnel at the two state residential schools. The multidisciplinary nature of the staff makes it possible to provide services and support not strictly confined to educationally oriented areas. These varied program elements represent a considered awareness of the need for specific services to particular children and the responsibility placed with the Division for Handicapped Children to fulfill a leadership role in the implementation or broadening of related programs

The Division philosophical keystone is the concept that no child should be deprived of appropriate education and treatment solely on the basis of handicapping symptomologies. Adequate diagnosis to assess amenability to treatment followed by placement and program adaptation are considered essential. It is appreciated that whenever possible the children should receive supportive services in their regular school environment. Placement in specialized programs is contingent upon individual need.

Statutory provisions point up the cooperative responsibility of providing for all children of compulsory school age. Recent Attorney General's opinions have suggested the need to expand provisions to the age span of four through twenty. Attention is further directed to the necessity of formal action on the part of the local board of education in cases of non-attendance. It is evident from both philosophical and statutory perspectives that local and state school agencies are faced with morally obligatory and legally designated responsibilities in meeting the needs of handicapped children.

It should be noted that in all service areas the Division for Handicapped Children does not attempt to duplicate programs available at the local level. Coordination of such programs may be accomplished, but local responsibility in recognized is both service and financial areas. As shown in the following sections, Division function is primarily consultative and supportive in effect and secondarily regulatory in nature.

PROGRAMS I & II

DEFECTIVE HEARING AND/OR DEFECTIVE VISION

It is the constitutional right of each child to receive a proper education to the limit of his capacity. This view is both legally (S. 115, Stats.) and morally in strong evidence in Wisconsin's educational system. Such a mandate is carried out for handicapped children through the Division for Handicapped Children.

The Division for Handicapped Children provides supervision of the day school centers and state residential schools for visually handicapped and deaf and hard of hearing. This supervisor also plans and assists in arranging the best educational situation for specific children. Children located by the hearing consultants in Program III Hearing Conservation are referred to the supervisor for planning in educational placement. Eligibility standards apply to careful screening for children ages four to twenty-one years. Aid in determining eligibility comes from "competent medical authority" as indicated in S. 115.51 (1) and 115.81 (b) of the Wisconsin Statutes which designates the Division as the establisher of eligibility standards.

GENERAL PROCEDURES

The Division for Handicapped Children approves enrollments according to its statutory responsibility. In this way, too, reimbursement to local operating districts can be approved with sufficient prior knowledge.

Amounts of reimbursements depend on the requests by operating districts and the proration of funds appropriated by the State Legislature. The monies are used for salaries of qualified teachers, boarding maintenance, transportation of pupils residing within the state, special books and equipment and other expenses approved by the State Superintendent.

When yousters live in boarding homes during the school week, the cost is paid in full by the Division. Should daily transportation be used, reimbursement is based on a formula which calls for a sharing of costs between the Division and the district wherein the child resides (S. 115.85, Stats.). Because of the reimbursement system noted above, tuition costs can be kept to a minimum.

Under the old Section 41.01 (5c) (not re-numbered as yet), handicapped children may be enrolled in suitable classes in any bordering state provided there is advance approval by the State Superintendent. Transportation and tuition payments are made by the county of residence with transportation only reimbursed by the State.

Compulsory education (S. 115.54, Stats.) also applies to children handicapped by a vision or hearing loss. The State of Wisconsin is interested in handicapped youngsters even beyond high school. Scholarships are available to eligible high school graduates (SS. 115.56, 115.57, Stats.) and are administered through the Division.

DAY SCHOOLS–ORGANIZATION AND PROCEDURES

The Division for Handicapped Children supervises a residential facility, the Wisconsin School for the Visually Handicapped in Janesville, and seven centers in cities throughout Wisconsin. The latter constitute the day school system and are located in Eau Claire, Green Bay, Madison, Milwaukee, Oshkosh, Superior and Wausau.

Youngsters are sent to these classes after ophthalmological, psychological and social assessments have been made. Eligibility standards are determined by the Division based on "competent medical authority," pupil need and the facilities available. Prior approval is necessary due to commitments for tuition, transportation and possible boarding home care. These boarding homes must be acceptable to the parents and are licensed and supervised by local welfare agencies. Whenever possible, children in attendance at the day schools commute daily from home. Day school classes are located in elementary and junior high school buildings and are integrated whenever possible. The State of Wisconsin aids some aspects of the programs fully and prorates others.

In many instances, totally blind youngsters are advised to spend their kindergarten year in the regular local school. This is of value in building social competence and, at the same time, in keeping children in their home environment. If there are no kindergarten services in the local district, the statutes provide for reimbursement for transportation to and tuition for the nearest school district offering kindergarten services. In general, the age at which a visually handicapped youngster is accepted in a special class depends on his maturity and independence. (S. 115.81 (b), Stats.) Since the Division has the responsibility of coordinating the services of both day and residential schools, planning for specific needs is possible.

Special books and materials are available from the American Printing House for the Blind through Federal funds for legally blind youngsters no matter where they are enrolled in public school. The Division administers this fund on a state-wide basis and provides service for eligible pupils not enrolled in special schools. Reader's aid is reimbursable for those students sixteen years of age and over in a public high school (S.115.53 (6), Stats.).

The curricula followed in the day classes are those of the respective operating districts with modifications if needed. Madison, Milwaukee and Green Bay also have special classes for blind children and have provisions for those attending high schools.

Prevalence of Blindness – Multiple Handicaps

Blindness is a severe physical handicap, but one that varies in degree of severity. In practice, blindness denotes the loss of sight, ranging from total inability to distinguish light from darkness to only a visual defect preventing the successful pursuit of the normal activities for which vision is needed. Most Federal and State agencies define blindness as follows: "Central visual acuity of 20/200 or less in the better eye or more than 20/200 if there is a field of defect in which the peripheral field has contracted to such an extent that the widest diameter of visual field subtends an angular distance no greater than 20 degrees."

The multi-handicapped child who is blind presents a very difficult problem. The school makes a sincere effort to evaluate and to study each child over a period of years to determine what the child's potentials are and to guide the child with that knowledge into a worthwhile life. The lack of mental ability is a far greater handicap than that of blindness.

The incidence of deaf-blind children in the state is very low. Such children, if determined, may attend an institution or class for deaf-blind children in another state, the costs for such placement is paid by the State of Wisconsin. (S. 115.53 (1), Stats.).

The rise of national birth rates indicates that the number of blind children will increase on a percentage basis, even though the medical profession has discovered the causes of retrolental fibroplasisa in the prematurely born child. The enrollment at the Wisconsin School for the Visually Handicapped is not expected to increase as much as it was expected a few years ago, but, nevertheless, increased enrollment is anticipated.

Wisconsin School for the Visually Handicapped

Janesville, Wisconsin

Brief History

The Wisconsin School for the Visually Handicapped opened in 1849 with funds provided by public subscription. Eight pupils were enrolled. The next year, 1850, the Wisconsin legislature incorporated the "Wisconsin Institute for the Education of the Blind" and provided a fifteen mill tax to support it. The school was governed by a board of trustees until 1891, when all existing boards gave way to a central Board of Control. During this time, the school was under the supervision of the Department of Public Welfare. Since 1938, the school has been supervised and administered by the State Department of Public Instruction.

Since 1867, no tuition has been charged for pupils. Experience with the payment of tuition from 1858 to 1859 and from 1866 to 1867 convinced the state authorities that a tuition charge affected enrollment adversely. No charge is made for board, room or normal medical service. The present program discards the idea of custodial care and instead presents an education program combining practical and cultural aspects with physical rehabilitation in a way to aid the visually handicapped make a living, discharge their obligations as citizens and secure them all possible happiness.

The total property of the school encompasses a fifty acre area. As would be expected in view of the early initiation of services, a number of the buildings are quite old. However, an active building and remodeling program, particularly since 1952, has resulted in such developments as a new power house in 1952, a girls' dormitory in 1955, remodeling of the kindergarten building in 1957, revamping of the music and swimming pool facility in 1958 and a boys' dormitory and gymnasium in 1962. The present building program of the school is expected to be completed within the next six years with replacement of the main administrational and instructional building.

Outline of School Program

Kindergarten – 8th Grade

Children are admitted upon the advice of a competent eye physician, if they are six years of age by November 1 of the school year, according to the statutory stipulations (S. 115.51 (1) (2) and S. 115.52 (2)(3), Stats.). Educational objectives and curriculum materials as suggested in State Department of Public Instruction bulletins are used as "guideposts." Instruction in Braille reading and writing is introduced at the first-grade level. Extensive and intensive use is made of the tactual and auditory senses. The classroom equipment must reflect this vital need. Experimental classes for mentally retarded blind children have been established. Arrangements can be made for the education of the deaf-blind child (S. 115.53(1), Stats.).

Senior High School (Freshman-Senior)

The Wisconsin School for the Visually Handicapped offers two courses of study – "General" and "College Preparatory." Pupil success in studies at the upper grade level determine which "road" the student might best travel. A third "track" for those unable to graduate from high school is being planned. In order that the pupils may take full advantage of offerings, they are permitted to take five years of senior high school work. Facilities of the Janesville Vocational and regular High School have been and are used on a limited basis. (S. 115.53 (2)) The State Superintendent may admit pupils over the age of 21 according to S. 115.52 (3). The high school offerings are adjusted to the special needs of pupils wherever necessary. Recommended graduates of the school are admitted to college or university without examination.

Braille

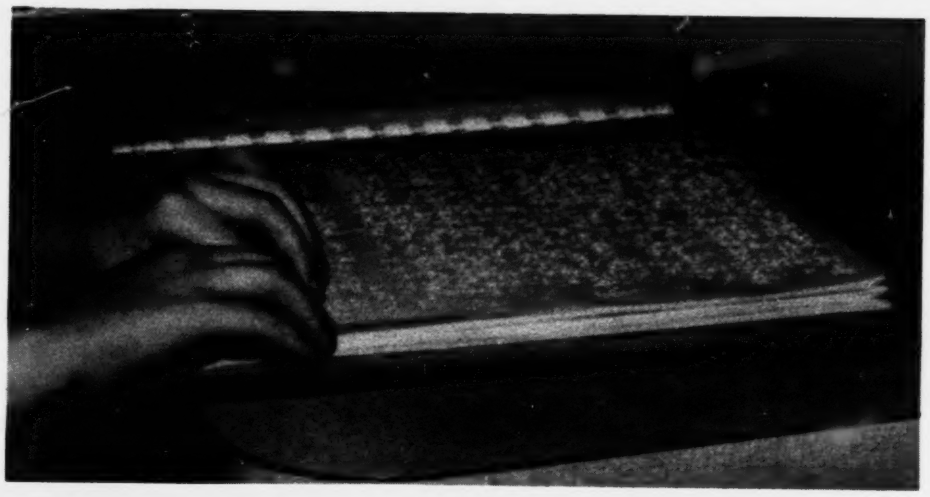
Instruction in Braille reading and writing is given to pupils upon the recommendation of the consulting eye physician. The pupils are trained to use the slate and stylus and the Braille writer, commonly called the Braille typewriter.

Typing and Dictaphone

Beginning at the sixth-grade level, all pupils are taught the use of the regular typewriter. This makes it possible for the blind child to convey his or her thoughts to sighted people in school or at home. At the senior high level, an excellent pupil-typist may go into dictaphone training.

Music

Music education is introduced at the kindergarten level. After the child learns Braille, the doors are opened to piano, voice, instrumental, organ, chorus and orchestra fields. All pupils are given group work in singing through the upper grade level. Those pupils who show ability and interest are organized into Junior and Senior choruses and orchestras.



Physical Education

Physical education classes are organized at the third grade level and extend through the senior high school. Activities are adapted for the needs and interests at the respective levels of maturation.

Boys compete with students from regular schools and other schools for the blind in wrestling. Boys and girls have competed in track activities with pupils in other schools for the blind. The highlights in the physical education program are in gymnasium demonstrations and the annual intramural track meet for boys and girls in the physical education classes. The school is an active member of the Wisconsin Interscholastic Athletic Association.

Travel Training

Students from the seventh grade through high school have the opportunity of learning to travel independently under the long-cane method of instruction. The capable students learn to travel the streets of Janesville.

Handwriting

All totally blind children are taught to sign their names in print before they receive their diplomas.

Handcrafts and Industrial Arts

Up to the fifth or sixth grade levels, the regular classroom teacher is responsible for the Crafts Program. From that level through the high school, pupils are scheduled with regular crafts and industrial arts teachers. The chief crafts are leatherwork, ceramics, weaving, chair caning, basketry, broom and brush-making, woodworking, piano tuning, general shop and home mechanics.

The industrial arts program is supplemented by work in Machine Shop Operation and Mechanics at the Janesville Vocational School.

Home Economics

Courses in sewing, cooking, nutrition, home decoration, home building, etc., are started at the seventh grade level and are available to boys and girls.

Vocational Guidance

The homeroom plan lends itself nicely to an administrative organization presenting a chronological presentation of guidance and counseling procedures. The Social Problems class in the junior and senior years of high school deals with all the important topics and problems of the youthful blind.

A cooperative working relationship with the Rehabilitation Division, State Board of Vocational and Adult Education, beginning with pupils sixteen years of age, provides extended training.

Teaching Materials

Practically all special equipment and Braille materials are purchased from the American Printing House for the Blind in Louisville, Kentucky. Modern texts can be secured in large type print and matched in Braille.

Extra-Curricular Activities and Social Program

Entertainment types of activities include dances, skating parties, group game parties, movies, radio, television, record parties and use of individual record players, picnics and class parties. The Student Council "triggers" many of these activities.

The older boys have the Lincoln Literary Society and the older girls sponsor the White Rose Literary Society. The pupils of the Wisconsin School for the Visually Handicapped attend concerts, stage plays, movies, etc., in the Janesville community. The annual Prom for senior high school students and staff contributes to good social practices.

Health Program

The Wisconsin School for the Visually Handicapped has a registered nurse as a regular staff member. The school has a monthly contract with the Janesville Medical Center to provide medical services. A consulting eye physician from Madison spends one day a month at the school. During the school year, all children are examined. Many, having precarious eye conditions, are seen every month. A close relationship exists between the school and Wisconsin General Hospital. Several children have been admitted to the Diagnostic Center for psychiatric and neurological evaluation.

The pupils attending the Wisconsin School for the Visually Handicapped in Janesville participate in the complete hearing conservation service of the Division for Handicapped Children on a yearly basis.

The nurse's hearing screening is followed up annually by an otologist. A number of children have had tonsils and adenoids removed and other medical work has been done as a result of the hearing testing program and otological consultations.

Religious Program

All children are transported to and from the church of their choice at parental expense. Some churches ask to have their midweek instructional groups meet at the school in the evening. Many pupils meet with confirmation classes on Saturday. No religious teachings are sponsored by the school.

Transportation

Daily home-to-school transportation for selected students may be arranged if proximity warrants. The number of students participating varies in terms of current enrollments.

Summer School for Adult Blind

A six-weeks' session is held each summer. This service is planned for men and women who have lost their sight after reaching an age beyond the secondary school age. In addition to the group therapy benefits, the following subjects are taught: typing, Braille, travel training, home economics, crafts and industrial arts as in the regular school session.

Library for Blind Persons

Braille books, large-type books and talking-book machines and records may be circulated to eligible people from the school library facilities.

Higher Education Scholarships

Recommended and eligible blind adults may receive aid in attending a college or university.

Pre-Schoool Institute

The State Department of Public Instruction, Division for Handicapped Children, and the Wisconsin School for the Visually Handicapped sponsor this service during the summer for parents of pre-school children. This project meets with unanimous approval. Emphasis is placed upon the training of the small child and preparation for school experience.

Workshop for Teachers

During the summer, the Division for Handicapped Children and the University of Wisconsin conduct a four-credit Workshop for Teachers of Visually Handicapped Children on the campus of the Wisconsin School for the Visually Handicapped.

Institute for Houseparents

An annual institute for houseparents is held during the summer months.

Regular School Summer Session

During the summer of 1961, a group of students of regular school age were invited to return to the campus for a six week training period. This was the beginning of an annual summer school program for children of regular school age.

HEARING

Day Schools – Organization and Procedures

The Division for Handicapped Children supervises the Wisconsin School for the Deaf and fifteen centers situated in cities throughout Wisconsin where classes for children with hearing impairments are located. The latter constitutes the day school system and ranges from a one-teacher school in Superior to a twenty-nine teacher school in Milwaukee. They are located in Eau Claire, Green Bay, Kenosha, La Crosse, Madison, Milwaukee, Oshkosh, Racine, Sheboygan, Shorewood, Stevens Point, Superior, Wausau, Waukesha County and CESA No. 19. Children are sent to these centers after psychological, otological and audiological assessments have indicated eligibility for these services.

Eligibility standards, as stated in Section 115.82 (b) of the Wisconsin Statutes, are the responsibility of the Division. No youngster is accepted by the schools unless approved, beforehand, by the Division. This is necessitated by commitments for tuition, paid by counties of residence or by school districts within Milwaukee County, transportation and possible boarding home placement. Transportation and boarding home claims are reimbursed in part from state funds.

It is hoped that children will go to the center or school nearest their home, commuting daily if possible. If this is not suitable, a boarding home is provided by the Division with the cooperation of local welfare departments. The homes are state-licensed and must be acceptable to the parent.

The age at which youngsters are enrolled depends on their maturity, but attendance should be attempted as soon as social and psychological factors are in appropriate ratio. Therefore, approvals are given only after complete information is available.

Day classes are located in elementary and junior high school buildings. In this way, the children can be integrated into some of the regular classes and into the usual life of the school. Such an arrangement gives the child a chance to be with hearing persons in anticipation of his participation in adult society. In school, he has the additional advantage of being helped by the special teacher.

The principle approach to teaching in the day school is called the oral method. That is speech, lipreading and auditory training are the avenues through which learning takes place. This is in addition to the usual reading and writing.

The Division supervises both day and residential schools which makes possible a better coordination of services and enrollment procedures so that the child can be placed in the setting which best meets his educational needs.

Transfers from day schools to the residential school and vice versa are handled by the Division in order to ensure an orderly transition. In all original placements, parents' wishes are followed whenever possible, although the Division and the schools counsel them regarding transfers.

Wisconsin School for the Deaf

Delavan, Wisconsin

History

The Wisconsin School for the Deaf had its origin in a private school for the deaf which was started at a farm house near Delavan in 1850. Forced to close because of lack of funds, those interested circulated a petition to the State Legislature which resulted in the passage of an act in 1852 establishing under a board of trustees the Wisconsin School for the Education of the Deaf. The administration of the school was later placed under the Board of Control until 1937 when the Legislature transferred its administration to the State Department of Public Instruction, effective March 1, 1938. In 1939 the Legislature created the Bureau for Handicapped Children in the State Department of Public Instruction and made it responsible for coordinating all the services to handicapped children provided by that Department, including the deaf children at the school. The purpose of the school, as stated in the Wisconsin Statutes, Section 115.52 (1) is "to afford. . . the deaf a practical education and physical rehabilitation which may aid them to make a living, discharge their duties as citizens, and secure to them all possible happiness."

This is a boarding school under the direct supervision of a superintendent who is responsible to the director of the Division for Handicapped Children in the State Department of Public Instruction.

How Supported

The school is supported by the State of Wisconsin and furnishes room, board, laundry, books and school supplies, recreation and minor medical care. Parents or guardians are expected to provide transportation to and from school, clothing, spending money, dental care, any prescribed medication, major physician's and hospital bills and money for incidentals; that is, shoe repairs, haircuts, cleaning bills, insurance and so forth.

Objectives

The objectives of this school are the same objectives as those desired for all children in all schools of Wisconsin. The school strives to help the children adjust to the moral and social conditions of life, become a part of the economic framework of our society and become good citizens, cognizant of their civic responsibilities.

The facilities and services are organized to provide the deaf child the special educational background, academically and vocationally, that he needs to become a happy, productive adult.

Admission

Children between the ages of six and twenty-one whose parents or legal guardians are residents of Wisconsin and who are deaf or whose hearing is so impaired that they are unable to progress in a school with normal hearing children may be admitted to this school. They must have the ability to receive instruction and make suitable educational progress, they must be in good health, and be free from contagious diseases. Admissions must be approved by the Division for Handicapped Children.

Academic Department

The curricular offerings in the academic department are similar to those in all Wisconsin elementary, junior and senior high schools. However, because the students are deaf, special emphasis is placed on speech development, speech reading and auditory training. Rhythm classes and choral work in speech are substituted for music.

A wide range of visual and auditory training materials is provided for the intensive development of all subjects and skills. After graduation, the deaf and hard of hearing are employed in almost all occupations – professional, skilled, semi-skilled and unskilled.

Those who are able to pass the college entrance examination may go to Gallaudet College in Washington, D.C., which is the only college for the deaf in the world and is supported mainly by federal funds. The Division for Handicapped Children awards scholarships to those who qualify for college education.

Vocational Department

The vocational department does everything possible to teach the pupils how to work, how to work with people and how to work for people. The trades studied are pre-vocational or job sampling to introduce the pupils to a vocation. The vocational areas covered are printing, linotyping, photography and offset printing, woodworking and finishing, leathercraft and shoe repairing, homemaking and self-grooming, drycleaning and pressing, upholstery and power sewing, electrical repairs, arts and metal crafts and driver education.

The Vocational Rehabilitation Evaluation and Adjustment Center at the Wisconsin School for the Deaf complements the vocational department. At this Center testing and evaluation are provided for older deaf students and deaf adults. This program is worked out in conjunction with the services of the Vocational Rehabilitation Division.

Recreational Activities and Student Organizations

A variety of recreational activities is offered. A homecoming bonfire and dance are part of the program each fall for the older students, parents, alumni and friends. The school also has a formal Junior Prom every spring. There are well-chosen movies for all students every other Saturday. The children may take advantage of nearby facilities for swimming, rollerskating, ice-skating and picnics. Intramural games are planned for boys and girls by the physical education teachers, various faculty members and counselors. Trips to the circus and to the zoo are planned annually for the younger children. Numerous and varied extra-curricular activities are provided by the children. Sponsors for each organization are selected from among the faculty and counselors.

Pre-Primary Summer Institute

The State Department of Public Instruction, Division for Handicapped Children, and the Wisconsin School for the Deaf sponsor this service for parents of pre-school children. Emphasis is placed upon the training of the small child and preparation for school experiences.

Vocational Rehabilitation Evaluation and Adjustment Center

Wisconsin School for the Deaf

This center is an evaluation facility. It is not a vocational trade school. The primary function of the Center is not to teach trades, but to evaluate individuals in terms of basic skills, abilities, attitudes and personality and vocational potential so that the staff can assist them in selecting a suitable and realistic vocational objective.

The objective of the Center is to provide vocational evaluation and personal and social adjustment training to those deaf persons who are found to be in need of such services. Two distinct groups of deaf people will be served by the Center: (1) Students of Wisconsin schools for the deaf; and (2) adult deaf who are referred to the center by the State Rehabilitation Division. At the present time services to adults are restricted to residents of the State of Wisconsin.

Vocational shops included in the Center program are as follows:

1. Art
2. Cleaning and Pressing
3. General Shop
4. Commercial and Clerical
5. Home Economics
6. Printing
7. Upholstery and Power Sewing
8. Woodworking
9. Varityper

In addition to these shops, which are in the Center proper, the School Laundry, Mending and Ironing Departments, School Kitchen and Maintenance Departments are also made available for use. A well-equipped Beauty Shop is also used to teach personal grooming and hygiene.

The Center has a staff of fourteen people. In addition to one instructor for each of the vocational shops, there is a Center Coordinator, an audiologist, a psychometrist and a personal adjustment specialist. Of the fourteen staff members, seven are deaf. All but two members of the staff have had previous experience teaching the deaf either academically or vocationally.

Although the presence of the many well-equipped vocational shops might tend to emphasize the vocational evaluation of the clients, the Center considers the personal Adjustment Program to be equally important. It is anticipated that many of the deaf adults who are referred to the Center will possess the manual skills necessary to succeed in employment, but have failed because of their inability to adjust to the pressures and responsibilities of the work-a-day world. Others have failed because they were not properly trained for the job they were attempting to do. Still others, who lost their hearing later in life, have failed because they have not yet been able to accept their disability. Through psychological testing and counseling, the Center will strive to diagnose the problems and develop a program of adjustment training to meet the individual needs of the clients.

Vocational efficiency is not the only area of development studied. Equally important is the appraisal of emotional stability, social maturity, educational achievement and communication skills. Evaluation, counseling and instruction for the development of these capacities will, perhaps, be the most valuable services offered by the Center. Some of the services include the following:

A. Audiological Services
B. Educational Services
   1. Basic educational training in basic educational skills
   2. Training in job factors
   3. Elements of thrift and personal finance

C. Personal Adjustment Training
    1. Training in proper inter-relationships with peers
    2. Training in personal hygiene and health
D. Psychological Services
    1. Testing
    2. Evaluation
    3. Counseling–personal
E. Vocational Services
    1. Vocational evaluation–work sample testing
    2. Vocational counseling
    3. Pre-vocational training
    4. Vocational training
    5. Recommendations for further vocational training, direct job placement, sheltered workshop placement, further evaluation, etc.
F. Social and Recreational Services
    1. Counseling and guidance regarding social, recreational and religious activities are offered. Clients of the Center are encouraged to attend church services for the deaf and to participate in social and recreational activities in the community.

Health Program – Wisconsin School for the Deaf

The Wisconsin school for the Deaf has a well equipped infirmary with two registered nurses on duty as regular staff members. Local physicians and dentists provide routine preventive care on a contract basis. When occasion demands, children are transported to Madison for specialists' evaluation. An ear specialist also visits the school when needed. The pupils participate in the complete hearing conservation service of the Division for Handicapped Children.

Publications by the Division for Handicapped Children's Services

Five Point Program of Parent Group-School Cooperation, 5 pp., 1962. For school administrators and parent or lay organizations.

Speech and Hearing Services, June, 1955, 47 pp., for workers in fields of speech and hearing.

Suggestions and A General Plan of Therapy For The Hard of Hearing Child, 1963, 76 pp., primarily for speech correctionists, regular class teachers, parent counseling, nurses and doctors, with a description of hearing problems and testing procedures.

Wisconsin Hearing Conservation Program–A Guide For Nurses, Volunteers, revised August, 1968, 9 pp., brief program description, statistics, personnel, and detailed instructions for screening tests.

Testing Lipreading Potential, by Samuel D. Milesky, reprinted from the Volta Review.

A Look At Ten Years of The Education of The Deaf In Wisconsin 1956–1966, by Samuel D. Milesky.

Please Talk With Me, by Dorothy M. Hayes.

Publications other than Division for Handicapped Children's Services

Dear Parents of Blind Children, National Federation of the Blind, 11 pages.

A Blind Child, Too, Can Go to Nursery School, 1952, Pauline M. Moor, American Foundation for the Blind, 15 West 16th Street, New York, 15 pages.

The Blind Child in the Regular Classroom, Reprint permission granted by Doris Grey, Educational Leadership, December 1956.

Helping Partially Seeing Children in the Regular Class, National Society for the Prevention of Blindness, 16 East 40th Street, New York, 11 pages.

Your Pre-School Child's Eyes, Children's Bureau, U.S. Department of Health, Education, and Welfare, Washington, D.C.

Suggestions to Parents of Children with Hearing Impairments, I, Deaf, II , Hard of Hearing, by Gene Hoversten, American Association of Ophthalmology and Otolaryngology, 15 2nd Street, S.W., Rochester, Minnesota.

PROGRAM III

HEARING CONSERVATION

In 1947 the U.S. Children's Bureau, Washington, D.C., granted money to the Bureau for Handicapped Children to initiate a Hearing Conservation Program.

This program was established to locate children with impaired hearing; to provide diagnostic otologic examinations and evaluations for all boys and girls found to have a hearing loss; to correct and rehabilitate wherever possible through medical and surgical care and special education; and to encourage local communities to continue the hearing conservation service.

PROGRAM ORGANIZATION

Counties in Wisconsin have programs every third year with children in kindergarten, grades one through eight and grade eleven being screened for hearing impairments, plus any new enrollees and referrals from teachers who have pupils in grades nine, ten and twelve. Larger cities have programs every year and children in selected grades are tested. The pupils attending the Wisconsin School for the Deaf in Delavan and the Wisconsin School for the Visually Handicapped in Janesville also participate in the complete Hearing Conservation service each year. During each school year since 1947 approximately 190,000 boys and girls in the State of Wisconsin are screened audiometrically.

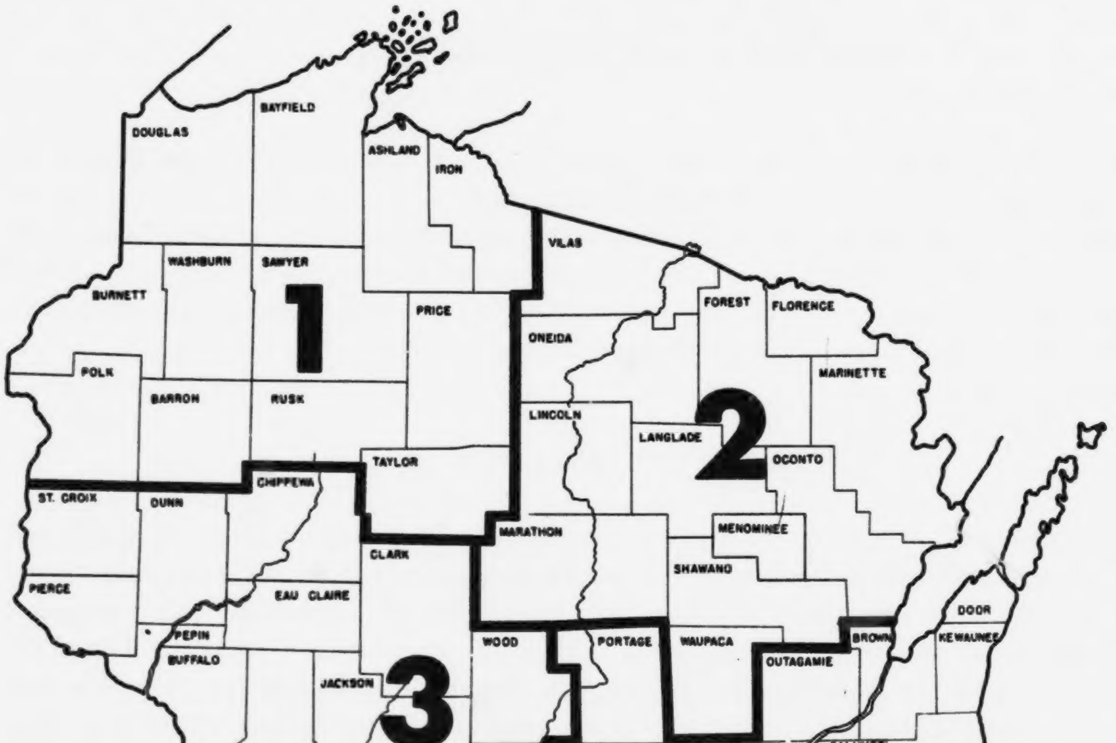
It will be noted in glancing at the accompanying map that the state is divided into six districts as regards this service. Two Hearing Consultants with the Bureau are responsible for specific areas. In each county and city the education and health departments are aware of the year in which they will have a complete Hearing Conservation Program. Every summer the school administrators, nurses and county medical societies of the districts to be served are reminded that the Division will be organizing and carrying out the hearing conservation service in their communities.

PROCEDURE

The Wisconsin Hearing Conservation Program is set up in four successive steps.

1. **Hearing Screening by Trained Volunteers** The first step is pure tone audiometric screening to discover those public and private school children who do not hear a range of tones at a normal level of intensity or loudness. This is accomplished by volunteer lay persons from the community who conduct the hearing screening. These people are selected by the school administrators or public health nurses on the basis of their interest, reliability and integrity. The particular county or city agree to a date, time and place for training the lay workers. There may be more than one meeting, depending on the size of the county or the school population and the number of volunteers needed. The workers are trained in the audiometric screening procedure by one of two Hearing Consultants with the Division. The rationale underlying the

HEARING CONSERVATION PROGRAM DISTRICTS


1
2
3
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5
6
DOUGLAS
BAYFIELD
ASHLAND
IRON
VILAS
WASHBURN
SAWYER
BURNETT
PRICE
FOREST
FLORENCE
ONEIDA
POLK
BARRON
RUSK
MARINETTE
LINCOLN
LANGLADE
OCONTO
TAYLOR
ST. CROIX
DUNN
CHIPPEWA
MENOMINEE
MARATHON
CLARK
SHAWANO
PIERCE
EAU CLAIRE
DOOR
PEPIN
WOOD
PORTAGE
WAUPACA
BROWN
KEWAUNEE
BUFFALO
OUTAGAMIE
JACKSON
TREMPEALEAU
JUNEAU
ADAMS
WAUSHARA
WINNEBAGO
CALUMET
MANITOWOC
MONROE
LA CROSSE
MARQUETTE
GREEN LAKE
FOND DU LAC
SHEBOYGAN
VERNON
SAUK
COLUMBIA
DODGE
OZAUKEE
RICHLAND
CRAWFORD
WASHINGTON
DANE
GRANT
IOWA
JEFFERSON
WAUKESHA
MILWAUKEE
GREEN
ROCK
WALWORTH
RACINE
LA FAYETTE
KENOSHA

Miss M. Elizabeth Suliver, Hearing Consultant, Districts 2, 3, 6, and Dane County
Mr. Orvin E. Walsvik, Hearing Consultant, Districts 1, 4, 5, and Dane County
Mr. Clark Edwards, Hearing Consultant, Pre-School

use of volunteer lay personnel (approximately 4,000 yearly), includes such factors as

a. The cost is minimal;
b. The project is a community effort;
c. It educates the public; and
d. It develops a strong spirit of cooperation between the local community and the state division.

About one and a half hours is spent training an average of 50 to 150 workers in a session. This includes a resume of the Hearing Conservation Program, its importance, as well as the Division's role in assisting medically indigent families when surgery, medication, amplification or special education for children might be considered. Audiometers are loaned for the screening aspect of this service and deadlines of six weeks to two months are set for the completion of this first phase of Hearing Conservation. It has been found that this gives even the most heavily populated counties and cities adequate time to finish the initial screening. This allows control over the program and keeps it moving. so completion of the service can be effected in all areas scheduled for a given year. As previously stated, after a resume of the background of Hearing Conservation, the training meeting permits detailed demonstration in the use of the audiometer and how to test boys and girls. The workers test each other and have the opportunity to become thoroughly familiar with the operation of the machine and how it is to be used. They are told they can test any cooperative child, after adequate explanation, in at least one minute. On this basis, working in teams, with one mother testing and checking the roll-call list of those tested and those to be tested, while the other helps adjust ear phones, makes certain the subject is comfortable and keeps the children quiet, volunteers can test approximately 40 pupils an hour.

Following the Hearing Consultant's explanation, local personnel take over and give out a schedule to each lay worker, indicating which school or schools she will be responsible for. Volunteers are also informed that the roll-call sheets are filled out by the teacher and will be ready at the designated school. As previously noted, workers test children in kindergartens, grades one through eight and the eleventh graders in high school, as well as any referrals from grades nine, ten and twelve.

a. Standards for the Screen Test in Hearing The audiometric screening test includes frequencies 500, 1000, 2000 and 4000. A child must hear three of these four tones at the 20 decibel American Standards Association or 30 decibel International Standards Organization level of loudness in each ear to pass the tests (with Auraldomes 15 decibel level ASA or 25 decibel level ISO). The screening is done at the indicated decibel levels since it is taken into consideration that pupils are not being tested in a clinical or sound-proof situation. If a boy or girl does not hear three tones in each ear, he or she has not passed the test. The volunteers are carefully instructed as to how the child is to be given a chance to hear four tones in each ear at least two times and he needs respond, with arm raised definitely as long as the tone is presented. Lay personnel are further directed as to how they can ascertain that the child understands what he is to do and what he is to listen for. Workers are advised that if a pupil does not respond accurately after a second explanation, he will need to be "rechecked," and they are to indicate this on the class list sheet.

2. Threshold Rechecking The second aspect of the Hearing Conservation Program is pure tone threshold acuity rechecking of the children who do not pass the screening test, as well as boys and girls using hearing aids and the pupils in special classes. This is done by the Hearing Consultants with the Division with occassional assistance from speech therapists or public health nurses.

For this second phase of Hearing Conservation, the nurses and the school officials agree on a date or dates, if necessary, for the retesting. Centers are then set up where pupils are brought for the threshold recheck. This may be at a school or in other buildings, such as community centers, civic clubs, or churches where there will be a quiet testing situation. Parents need not be present for this threshold retest. It has been frequently found that many children who do not pass the initial screening test due to noise factors, misunderstanding of directions, or other causes, have normal hearing when given a threshold recheck. Six frequencies are used for the threshold audiogram: 250, 500, 1000, 2000, 4000 and 6000.

3. Diagnostic Evaluation The selection of cases for otologic examination, which is the third step in this program, is made by the Hearing Consultant responsible for a specific district on the basis of pattern and amount of the apparent hearing impairment noted from the results of the threshold audiogram.

The otologic evaluation is perhaps the most important phase of this service because the effectiveness of followup is dependent upon adequate diagnosis. Boys and girls referred to hearing clinics for this free diagnostic examination usually show an average 25 decibel loss ASA or 35 decibel loss ISO, particularly in the frequencies 500, 1000, 2000 and 4000. It is determined, of course, that testing conditions were adequate and the child was well–no cold or other physical complaints–when the threshold test was taken. It is not possible to examine medically each child who deviates in the slightest from absolutely normal hearing. The otolaryngologists and Medical Societies agree wholeheartedly with this and it has worked out very satisfactorily in actual practice. The hearing clinics are jointly sponsored by local county medical societies and the Division. The diagnostic examination is conducted by a member of the American Board of Otolaryngology, whose services are arranged for through the Hearing Consultants at the Division. The boys and girls needing medical evaluation are seen by appointment, which is planned by the public health nurse, who also notifies the parents that their child might have a significant medical hearing problem. The public health nurse also has local personnel assist at the otologic clinic. The Hearing Consultant responsible for the area is always in attendance at the clinic. A complete diagnostic ear, nose and throat examination is made at the clinic and since the child must be accompanied by a parent or guardian, all inquiries pertaining to the findings and remediation are discussed with the parent so that no question of need is left unanswered. The otologist's diagnoses and recommendations are sent to the family physician, the family otologist, when one is indicated, the public health nurse, as well as the school superintendent and speech therapist, with the original report kept in the Division files.

OTOMOBILE
Childrens Mobile Hearing Unit

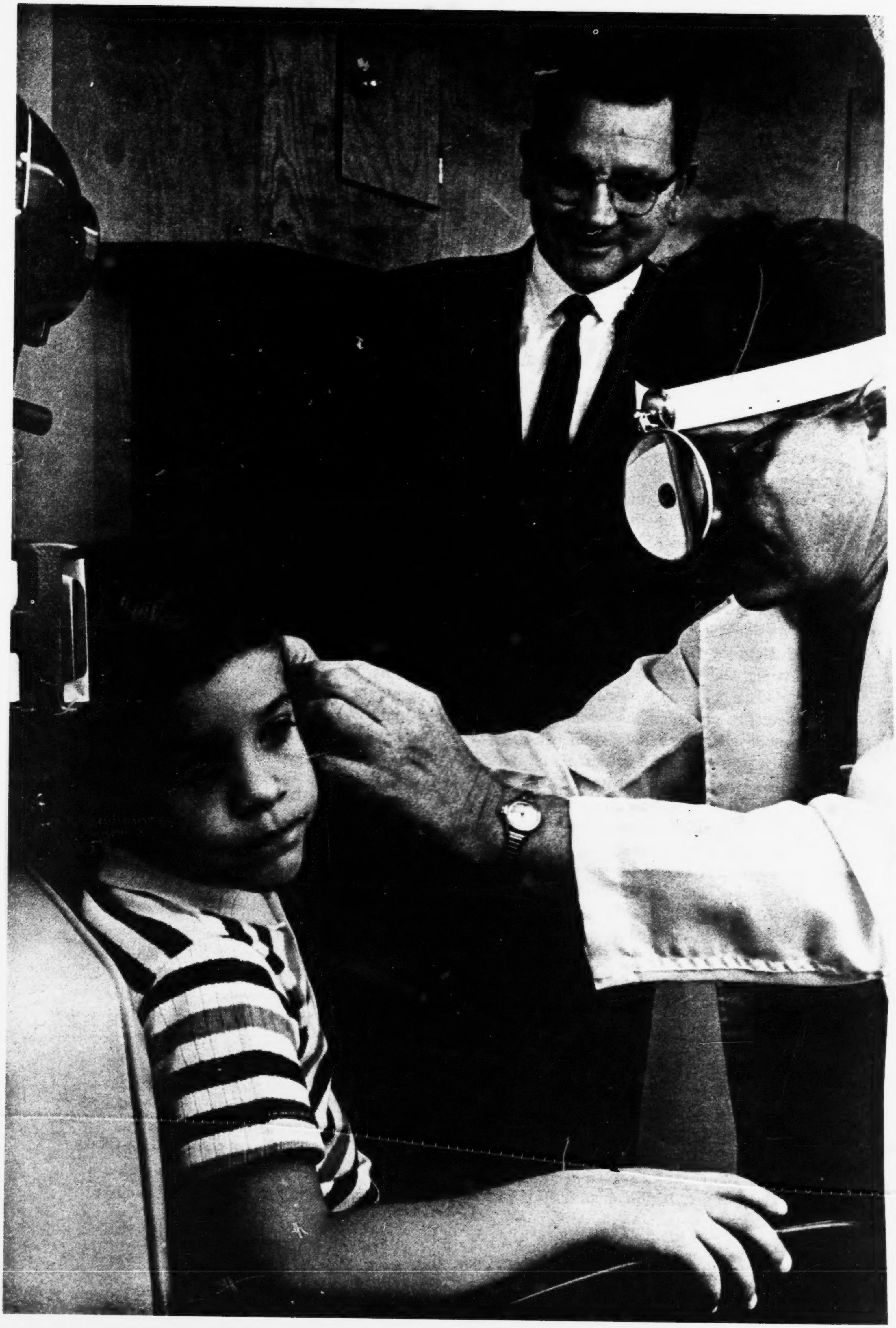
The criteria as outlined above are flexible. Should there be definite observable symptoms of a hearing impairment, if a teacher or parents or the pupil himself should complain of a possible hearing problem or if it is thought testing results are not entirely accurate, the child is invited to the hearing clinic. For those boys and girls who give evidence of borderline normal hearing, the nurse is requested to retest them again before school recesses for vacation or within the following school year, depending upon the amount and pattern of hearing loss evident. If a slight impairment still persists after the third testing, the child is immediately referred to the family doctor who will suggest to the parents, in the majority of cases, that they consult an otologist of their choice.

4. Effective Followup The fourth phase of this program, followup, is divided into two parts, medical and educational.

As stated in the Program for Defective Hearing, the Division Supervisor of Schools for Deaf and Hard of Hearing is responsible for arranging the best educational situation for any particular child. This may mean special schooling or regular schooling with some adjustments.

Medical followup is based on the otologic recommendation. Success is achieved through the cooperative efforts of the parents, family physicians and public health nurses. Should lack of finances deter the family from carrying out the recommendations, the public health nurse attempts to find local resources. If none are available, the Division has limited funds for assisting those families who are considered medically indigent. If this agency is to assist financially, an otologic examination is a prerequisite. If the Division is to assist in the purchase of a hearing aid, there must be a diagnostic examination with such specific recommendation followed by a complete speech and hearing evaluation, as well as a hearing aid evaluation. This can be done at any of the speech and hearing rehabilitation centers now located in Wisconsin. The centers send the Division their complete reports to aid this agency in working with hard-of-hearing children (pre-school and school age), their parents, teachers, nurses, physicians and school personnel. Moreover, all reports go back to the family doctor, who is kept informed as to what is happening regarding his patient. Even though the otologist takes over a patient from the family physician, he still refers the child back for any continued medication which he feels the child should have. Very often the effectiveness of medical followup is due to the persevering attitute of the nurse and her complete cooperation with the Division's Hearing Consultant,

This combination health and education service is especially concerned with those pupils who have enough residual hearing to remain in the regular classroom situation, provided they are given special consideration. As is no doubt evident, educational followup is determined by the degree of hearing impairment. A child with a mild loss or a unilateral hearing impairment may need only preferential seating in the regular classroom. A boy or girl with a moderate loss might need speech reading instruction and often speech therapy, plus selective seating. One with a marked loss may require amplification plus speech correction, auditory training and lip reading instruction.



a. Summer Clinics for the Hard-of-Hearing (Pupils of Selected Age Level) The Division for Handicapped Children of the State Department of Public Instruction in cooperation with the University of Wisconsin Speech Department and other Wisconsin State Universities offering a degree in communicative disorders, may sponsor summer clinics for children with speech or hearing problems. These boys and girls are chosen on the basis of hearing loss and need for speech correction, language, speech reading, auditory training and use of a personal hearing aid. The children are selected from regular classroom situations, not from special classes for the deaf. The Division for Handicapped Children reimburses 70 percent of the speech clinician's salary, including summer school programs which are developed under local boards of education. Any further questions may be referred to the Division for Handicapped Children.

b. Inter-Agency Cooperation The Hearing Consultants work closely with the agency which assists hard-of-hearing young people after they leave school, i.e., (the Division of Vocational Rehabilitation, Department of Health and Social Services). All records are made available to that division and it carries on with the aid which might be necessary for the individual.

PRESCHOOL HEARING CONSERVATION SERVICE

As of September, 1968, the Hearing Conservation Service was extended to include more of a focus on the preschool child. At that time, a third audiologist joined the Division for Handicapped Children staff to implement such a program.

COMMUNITY AND STATE ENDEAVOR

The Wisconsin Hearing Conservation Program has been in effect since 1947, and has proven to be most effective in meeting the state's needs and achieving the original objectives. Every Wisconsin child has a hearing test at least every third year. Should a boy or girl develop an apparent hearing impairment during the intervening years, he or she is either referred to an adjacent community or county having a program that year or upon evaluation of the threshold audiogram he or she may be referred to an otologist in the immediate area for diagnostic examination.

The Wisconsin Hearing Conservation Program is a community function and integrates the activities of a great number of people. The school authorities, public health nurses, family physicians, otologists, local agencies, fraternal organizations, parents and volunteers work together in the community as well as with the special services provided within the state and through the Division. The total result is a cooperative endeavor from the local to the state level and every effort and service is bent toward satisfying the needs of hearing handicapped children in Wisconsin.

Further information concerning this service may be obtained by writing:

HEARING CONSERVATION PROGRAM
Division for Handicapped Children
Wisconsin Department of Public Instruction
126 Langdon Street
Madison, Wisconsin 53702

Publications of the Division for Handicapped Children's Services

Assisting the Hearing Impaired in the Classroom, September, 1968, 8 pp., provides suggestions to help the hearing impaired pupil in the regular school situation and includes recommended teaching techniques.

Communication Aspects of Hearing Impairments, September, 1968 4 pp., contains information to alert interested adults about the speech and language difficulties encountered by hearing handicapped children.

Speech and Hearing Services, September, 1968, 42 pp., for workers in fields of Speech and Hearing.

Suggestions and a General Plan of Therapy for the Hard of Hearing Child, 1966, 76 pp., primarily for speech correctionists, regular class teachers, parent counseling, nurses and doctors, with a description of hearing problems and testing procedures.

Wisconsin Hearing Conservation Program–A Guide for Nurses, Parents, Volunteers, Revised yearly, brief program description, statistics, personnel, and detailed instructions for screening tests.

PROGRAM IV

SPEECH CORRECTION

PHILOSOPHY

William James once defined philosophy as "an unusually stubborn attempt to think clearly." In order to maintain clear thinking there must be an outlook, a point of view, a philosophy as a guide.

A philosophy of speech correction does not develop overnight. It is the outgrowth of years of observing the successes and failures of therapy and program. It is the understanding of speech handicapped children. Above all, it is the speech needs and standards of each community. On a statewide basis, a philosophy must be broad. Areas differ in geography, in population and in the concentrations of population. Areas also differ in wealth, types of speech problems, numbers of problems and in speech proficiency expected within the community.

The philosophy in Wisconsin for speech correction in the public schools is broadly contained in the following points:

1. The community must recognize its own needs and develop a desire to provide service;
2. A program should be developed to best satisfy these needs within a budget of time and money and within the capabilities of the speech clinician;
3. Adequate amounts of appropriate therapy should be made available to each speech handicapped child.

The experiences of a school and a community give rise to a recognition of speech handicaps. Following this recognition of the problem, there must be a desire for service. Both parents and school administrators must recognize the problem and desire to help if the program is to be successful and continuous. All successful programs must have the cooperation of school administrators, classroom teachers and parents.

If a program is desired by a local school district, County Handicapped Children's Education Board or a Cooperative Educational Service Agency, a certified speech clinician is employed and a schedule of therapy arranged. The program must be set up to meet the needs of individual speech handicapped children but must also function within the local educational philosophy. It must consider the number of schools to be served, the areas to be covered and the human limitations of the clinicians. The clinicians should never extend themselves beyond a point where efficiency and value of therapy to each child on schedule is diminished. Naturally, the programs will differ from community to community because of the above-mentioned needs.

In a speech correction program, the clinician is usually an itinerant teacher. It is necessary, therefore, that classroom teachers and school administrators cooperate in scheduling in the schools. If this cooperation is lacking, the clinician may be spending too much time in travel to make the program therapeutically profitable and financially feasible. When the schedule of the classroom teacher and the speech clinician are mutually understood, scheduling problems disappear. Answers to questions and solutions to problems are found where they arise – in the community itself.

A philosophy is necessary as a guide in the initiation of a new program and in the continuation of established programs. It encompasses individual schools as well as the entire state. This then is a brief description of Wisconsin's philosophy of speech correction.

SPEECH HANDICAPS

Good speech is one of the greatest accomplishments of man. It is the easiest, quickest and most effective means of expressing needs, communicating ideas and influencing others around us. The time of speaking is generally limited only by our sleeping hours.

The speech handicapped child is truly handicapped. Since our society places such a heavy emphasis on good speech, the uninformed can label the speech defective as "stupid," "disturbed," or any number of categories unrelated to his problem. He can be socially ostracized by unsympathetic peers and academically hindered by unsympathetic teachers.

A speech defect may limit the employment opportunities open to an individual. Many professions, such as teaching, will be closed to the speech handicapped until the problem has been adequately corrected.

In terms of adjustment of the individual child to all situations, good speech cannot be ignored. It is one of the most important areas of development.

Because of specialized, concentrated training, the person best equipped to help a speech handicapped child in the public schools is the speech clinician, who is a special kind of person in our schools. He or she works with problems dealing with better adjustment through adequate communication, rather than academic subjects. Her work is with individuals or very small groups. This means that she must relate to each child in a different manner. She must give much of herself and must be aware of the attitudes and changes in attitudes of the children.

The clinician must also work closely with many parents. Parents must understand the speech problem of the child if they are to aid in the process of remediation.

It is not only the responsibility of the speech clinician to change the communicative behavior of the speech handicapped child but also to help a child develop his own evaluation system. Carry-over makes the clinician very dependent on the classroom teacher and the parents. There must be mutual understanding and respect for the roles of all persons involved in habilitation or rehabilitation.

ROLE OF DIVISION FOR HANDICAPPED CHILDREN IN LOCAL PROGRAMS

Permission for local school districts to establish programs for Speech Correction is granted by Section 115.80, Wisconsin Statutes. The role of the State Department of Public Instruction in such a program in the public schools is two-fold: Reimbursement, Section 115.85 (1) and supervision, Section 115.77 (2) (6), Wisconsin Statutes. Both are administered through the Division for Handicapped Children, Department of Public Instruction.

In 1924 the Legislature provided money for reimbursement to school districts if they hired teachers for children with special problems, including speech problems. Reimbursement is based on three properly completed forms, submitted to the Division at specified times during the year.

I. The *Plan of Services* and the *Financial Report* are a combined form. The Plan of Services section is a request to operate a program. If the program is approved by the Division for Handicapped Children, the form is approved and returned. At the close of the school term, the Financial Report section is completed and re-submitted as a claim for reimbursement. Reimbursement is a guaranteed 70% of clinician's salary plus a minimal amount for equipment and books.

II. After the program is in operation a *Speech Correction Report* is submitted to the Division for Handicapped Children by the speech clinician. This report contains information concerning caseload, types of cases, schedules, equipment and working condition. The school district is to provide equipment and materials and suitable working environment for a successful program. The Speech clinician is to spend nine-tenths of his or her time on schedule in Speech Correction. One-half day per week is planned for parent contacts, record keeping and any testing necessary to better understanding of the children.

During the 1945-47 biennium, the Division for Handicapped Children employed the first full-time Supervisor of Speech Correction; in 1959, the second full-time supervising position was opened. It has been mentioned previously that the local district assumes responsibility for the speech correction program. However, many of the speech clinicians are alone in their community and since the state has a responsibility to the local programs, the duties of the supervisor are varied. The following is a list of some of the responsibilities:

1. Assist in setting up new programs.
2. Consult and offer an outside view of the structure of established programs so that they are commensurate with state and local philosophy.
3. Consult on therapy for individual children.
4. Stimulate professionalism in the speech clinicians, commensurate with their training and their responsibility to the adjustment of children in the district.
5. Aid in providing situations for continued learning and the exchange of ideas of the speech clinicians, such as small area meetings.
6. Process reports from local programs to give pertinent statistical information.

PRIVATE THERAPY

For those children on Crippled Children's rolls who are not able to have speech correction in the local public schools and whose parents cannot financially support private therapy, the Division for Handicapped Children, Crippled Children's Bureau, can pay for private speech therapy by a qualified speech clinician. The clinician must be certified either by the American Speech and Hearing Association * or hold a valid Wisconsin licensure by the Department of Public Instruction.

This service is restricted to the child whose speech problem is caused by a chronic, physical disability; for example, cleft palate, hearing loss, cerebral palsy. The usual financial eligibility form regulations will be followed. This is an additional service to handicapped children in Wisconsin with speech and language problems of know etiology.

PROGRAM RESPONSIBILITIES

I. An initial, complete speech, hearing and language evaluation must be obtained at a recognized facility or center. A plan of therapy must be submitted by the speech clinician who will carry on therapy to initiate authorization. If payment is to be made, authorization is necessary before the start of therapy.

II. Progress reports must be sent to the Division for Handicapped Children at six month intervals: (1) for evaluation of the child's current communication needs; (2) for approval of payment to the speech clinician for therapy services rendered; and (3) for consideration of reauthorization of services for an extended six month period.

III. Authorization will be made for six month periods with renewal if continued therapy is deemed necessary by the Division for Handicapped Children personnel.

IV. A statement (bill) in triplicate must be sent to the Division for Handicapped Children by the speech clinician at the end of each six month period before payment will be made. Payment will be made directly to the authorized speech clinician.

V. The fee shall be the customary, usual and reasonable hourly rate of therapy time as determined by the advisory committee. If the child is classified as homebound, transportation expense of the speech clinician will be reviewed.

VI. The clinician will be paid on the basis of the number of therapy sessions. Scheduled sessions that are missed may be made up during the six month period.

VII. Equipment and materials for use in therapy will be provided at the clinician's expense.

VIII. Financial assistance by the Division for Handicapped Children will terminate when the area schools provide speech correction services for the child or when evaluation by the Division for Handicapped Children personnel indicates that therapy is no longer necessary or of value.

IX. Parents will be responsible for transporting their child to the place of therapy.

X. The Division for Handicapped Children will contact the parents at three month intervals to determine if the therapy arrangements are practical.

* Clinical Certification

Publications of the Division for Handicapped Children's Services

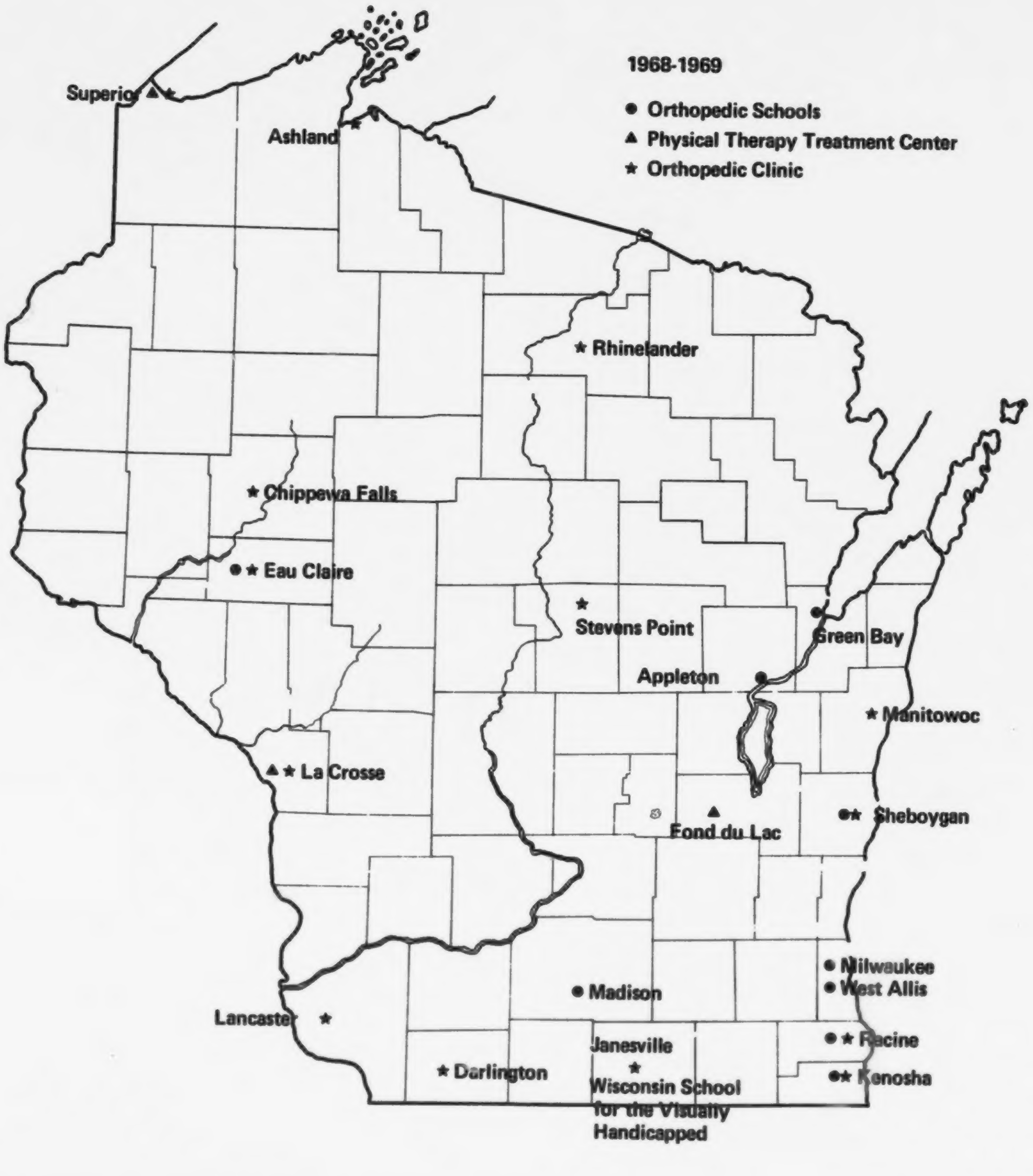
FIVE POINT PROGRAM OF PARENT GROUP-SCHOOL COOPERATION, 5 pp., 1962. For school administrators and parent or lay organizations.

SPEECH AND HEARING SERVICES, June, 1955, 47 pp., for workers in fields of Speech and Hearing.

SPEECH TRAINING FOR CLEFT PALATE CHILDREN–A TEACHER-PARENT GUIDE, 1957, 51 pp.

SUGGESTIONS AND A GENERAL PLAN OF THERAPY FOR THE HARD OF HEARING CHILD, 1963, 76 pp., primarily for speech correctionists, regular class teachers, parent counselling, nurses and doctors, with a description of hearing problems and testing procedures.

PROGRAM V CRIPPLED CHILDREN (Includes Cardiac)


1968-1969
● Orthopedic Schools
▲ Physical Therapy Treatment Center
★ Orthopedic Clinic
Superior ▲★
Ashland ★
★ Rhinelander
★ Chippewa Falls
●★ Eau Claire
★ Stevens Point
● Green Bay
Appleton ●
★ Manitowoc
▲★ La Crosse
▲ Fond du Lac
●★ Sheboygan
● Milwaukee
● West Allis
● Madison
Lancaster ★
●★ Racine
★ Darlington
Janesville
★
Wisconsin School for the Visually Handicapped
●★ Kenosha

Orthopedic Schools (Treatment only at Fond du Lac)

Enrollments Approx. 815

Outpatients Approx. 260

Orthopedic Clinics Approx. 1100

Homebound Instruction Approx. 1500

PROGRAM V

CRIPPLED CHILDREN (INCLUDES CARDIAC)

GENERAL POLICIES AND PROCEDURES

Programs administered through the Division for Handicapped Children include both educational and medical areas. It is recognized that medical treatment must be accomplished in conjunction with psychological and educational support for both the child and the family. Such provisions as instruction for hospital-bound children and summer programs for physical therapy in orthopedic schools exemplify these specialized segments of service. Home-bound instruction for physically handicapped students, currently provided for more than 1,400 school age children, further points up this awareness of multiplicity of need in treatment areas.

Section 115.77 of the Wisconsin Statutes provides that services may be given Wisconsin children with crippling problems and those with acquired conditions that may lead to disability and deformity.

DEFINITION OF CRIPPLED PERSON

Section 142,03 (3) (b) of the Wisconsin Statutes defines a crippled person as "one who has some physical defect such as affections of the joints, affections of the bones, disturbances of the neuro-muscular mechanism, congenital deformities, spastic and other acquired deformities, that may be corrected or improved by orthopedic surgery or other special surgical and medical care." Section 115.76 (1) of the Wisconsin Statutes defines handicapped children or children who are "crippled, cardiac handicapped, visually handicapped, auditory handicapped, speech handicapped, otherwise physically handicapped or mentally handicapped."

Children who have congenital deformities are reported to the Division for Handicapped Children by provisions of Section 69.32 of the Wisconsin Statutes which required that all children born with a deformity or physical defect must be reported by the State Board of Health in order that the Division for Handicapped Children "may be helpful in the follow-up care of such children."

The Division for Handicapped Children receives copies from Wisconsin Orthopedic Hospital of the medical reports which are sent to the referring physicians on the discharge of children who have been hospitalized on authorization of the county judge according to Section 142.03 (3)(c) of the Wisconsin Statutes. The report gives the nature of the disability, the treatment given and the recommendation for after-care. Copies of the reports are sent by the Division for Handicapped Children to the public health nurse and/or other professional agencies involved in the child's care.

The crippled children services of other states refer to the Wisconsin Division for Handicapped Children the names of children with physical handicaps who have moved into this state. This information is shared with the public health nurse in the area of the child's residence.

District superintendents are required, according to Section 115.78 of the Wisconsin Statutes, to obtain from all the schools under their jurisdiction the names of children who are physically handicapped and to report these to the State Superintendent of Schools.

After receiving a referral of a handicapped child, the Division contacts the public health nurse in the community to learn if the child is receiving care and to make available the services of the Division for Handicapped Children consultants to assist in planning for the child whenever indicated. All information received by the Division is confidential.

ORTHOPEDIC PROGRAM

Any child is eligible for a diagnostic evaluation at an orthopedic clinic regardless of the parents' financial status. The orthopedic clinics are conducted by an orthopedist who has been certified by the American Board of Orthopedic Surgery and who has been selected by the county medical society. Clinics are held semi-annually in the following areas: Ashland, Chippewa Falls, Eau Claire, Kenosha, La Crosse, Manitowoc, Racine, Rhinelander, Sheboygan, Stevens Point, Superior and annually in Darlington, Lancaster and at the Wisconsin State School for the Visually Handicapped. Since the clinic sites are determined jointly by the Division for Handicapped Children and the county medical society, changes may be made from time to time. The list of the clinic dates is published in the Wisconsin Medical Journal and is sent to the secretary of each county medical society, the public health nurse and others requesting this information. The clinic service includes x-ray and laboratory examinations when ordered by the orthopedist.

Following the examination, a Division for Handicapped Children staff member is available to discuss with the parents any questions they have and to inform them of facilities and resources available for the recommended care.

The orthopedist's findings and recommendations are dictated to a medical stenographer. These reports are reviewed and approved by the examiner and copies are sent to the referring physician, the local public health nurses and other agencies participating in the child's care. The parents return to their physician for interpretation of the findings and for assistance in further planning. The public health nurse also makes her services available to the physician and parents in planning for future care.

If a child is unable to attend one of the clinics, the Division for Handicapped Children can finance the cost of an examination by an orthopedist in his office upon request of the parents and by arranging prior authorization. Subsequent visits are determined by individual needs and confidential financial information from the parents. Orthopedic care may be authorized by the Division when the parents are unable to assume this cost and meet the financial eligibility requirements.

The orthopedist must have been certified by the American Board of Orthopedic Surgery. The customary, usual and reasonable fee is paid directly to the orthopedist. This service may include examination, casting, manipulation, x-rays, laboratory procedures and surgery.

The Division for Handicapped Children may also assist in the purchase of braces and some special equipment recommended for the physical care of the child when prescribed by an orthopedist. The orthopedist prescribing the appliance must submit his approval of it in writing to the Bureau before payment can be made.

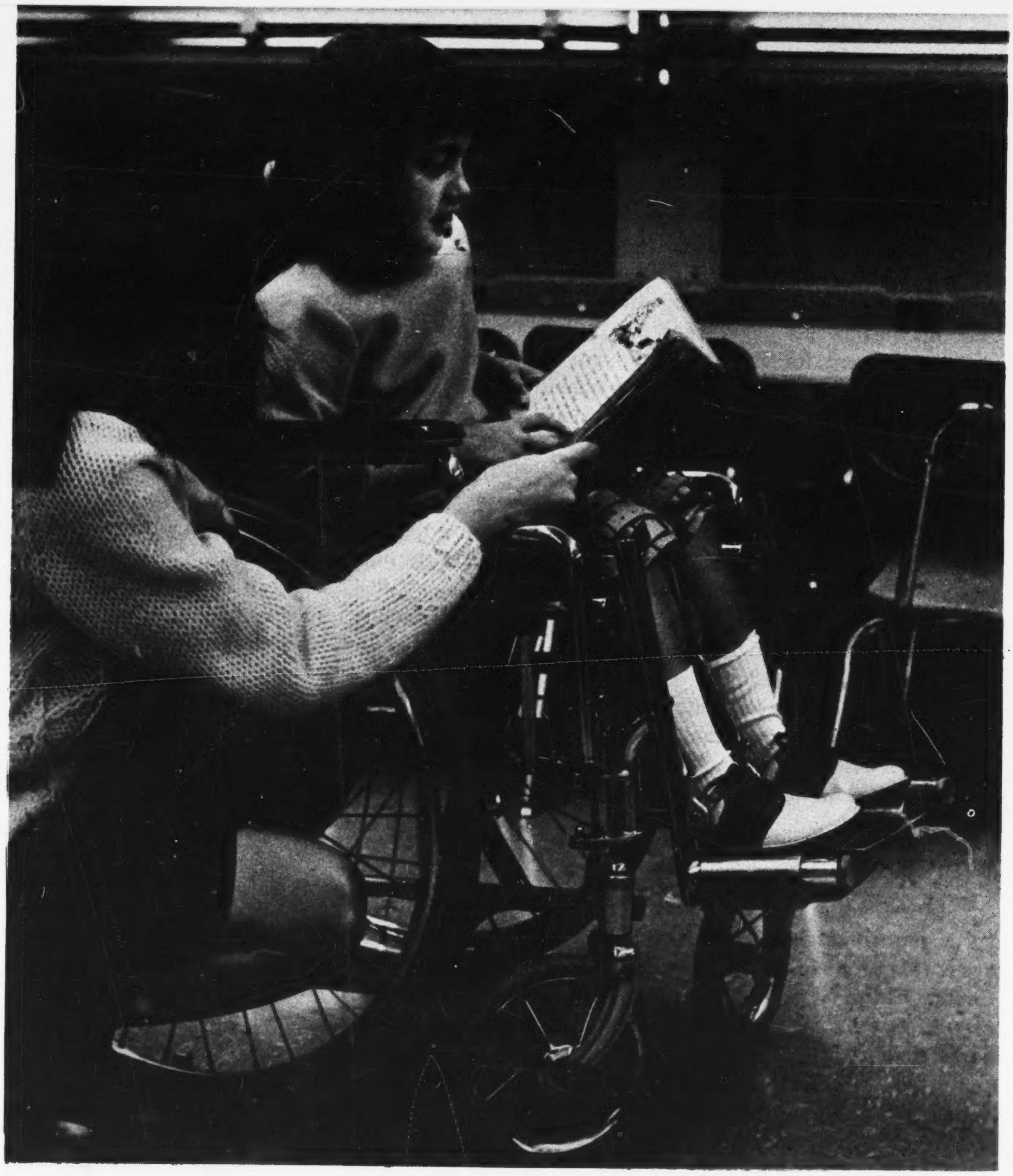
Occassionally, if no other plan seems feasible, Division funds may be used to purchase medically recommended physical therapy services when given by a qualified therapist who is licensed in the State of Wisconsin. This is done when the parents are unable to pay for the service or it is impossible to use the service of the established treatment centers in the orthopedic schools. Requests for this service are made to the handicapped children consultants of the Division.

Requests for financial assistance for orthopedic care, appliances or physical therapy should be made to the Division in advance so that authorization for payment can be made by a representative of the Division before any expense is incurred. When prior notice is not possible, the Division personnel must be notified immediately if the Division is to assume any financial responsibility.

CEREBRAL PALSY

Children with cerebral palsy who receive assistance from the Division for Handicapped Children must be under the care of a private physician who is certified in his appropriate specialty. These children can receive the same assistance from the Division as described in the preceding section on the Orthopedic Program. When medical problems other than orthopedic require the services of another medical specialty, funds can usually be made available.

Frequently the Division is called upon to assist parents in accepting a referral of their child to a medical center for a complete evaluation in order that assistance can be given in educational planning and physical care programming.



AMPUTEE PROGRAM

The Division for Handicapped Children may provide counseling service and financial assistance for children needing either upper or lower extremity prostheses. After the child is brought to the attention of the Division, a representative of the medical unit contacts the parents and the family physician through the local public health nurse for the purpose of advising them of the services available and the conditions under when they are provided. Financial assistance for purchasing a prosthesis can be made if the family is found to be financially eligible and if the prosthesis is prescribed and approved by one of the special Amputee Clinics in the state. These are staffed by a board certified physician, physical and occupational therapists and prosthetists all of whom have had special training in this area. Recommendations can also be accepted from a Board Certified Orthopedist. Prostheses must be made by a prosthetist who has had special training in their fabrication and the child must receive training in its use from a physical therapist and/or occupational therapist who has received special training in the use of these appliances or has worked under a therapist who has had this training.

CHRONIC CONDITIONS REQUIRING PROLONGED CARE

Assistance is available through the Division to children with conditions requiring extensive care and/or surgery providing the care is given by the appropriate board-certified physician and providing the physician will accept the Division fee as payment in full. The largest group of children needing care are those with congenital conditions. Included in this group are children with the following diagnosis: meningocele, hydrocephalus, tracheoesophageal fistula and imperforate anus. The program includes payment for an initial examination by the specialists as well as payments for surgical procedures, laboratory work and x-rays requested by the specialists. Prior authorization is necessary. Hospital costs and medications are not included.

CORRECTION OF VISUAL AND HARD OF HEARING DEFECTS

The Division for Handicapped Children can assume the cost of the services of a Board Certified Ophthalmologist for some kinds of eye surgery, particularly surgery that improves vision. Funds are also available for artificial eyes on recommendation of an ophthalmologist. If special tests are needed to complete an evaluation, the cost of these can be paid. Eligibility for assistance is determined by the Division on the basis of financial and social information received from the parents, public health nurses and family physicians.

Financial assistance is also available for ear surgery which would improve hearing or prevent hearing loss. Assistance is limited to payment to Board Certified Otologists. Eligibility for this assistance is based on the family's financial and social situation. Prior authorization is necessary.

There are no funds available for hospital costs for either program.

CYSTIC FIBROSIS

The Division for Handicapped Children has budgeted funds to assist in the care of children with cystic fibrosis. Assistance is dependent on the diagnosis having been confirmed at one of the two cystic fibrosis clinics in Wisconsin, which are located at University Hospital, Madison, and Milwaukee Childrens Hospital or at comparable out of State clinics. The local physicians attending the children brought to the agency's attention by these two clinics are contacted by the Division and its services are offered.

If the family is found to be financially eligible, assistance may be given for the purchase of antibiotics, pancreatic supplement and mucolytic agents. Special equipment is also available on the physician's recommendation. This includes nebulizers, tents, compressors and humidifiers.

The Division's nursing consultants are available to work with the local public health nurses in the community as well as with family physicians in serving these children and their families. Other services of Division Staff are also available to these children and include social services, orthopedic school placement, transportation and homebound instruction.

CLEFT PALATE–CLEFT LIP REPAIR AND ORTHODONTIA

Financial assistance is available from the Division for Handicapped Children to pay for surgical repair of cleft lip and/or cleft palate if performed by a certified plastic surgeon. The assistance is based on the family's financial need and their social situation. The Division for Handicapped Children can assist with the cost of orthodontia for cleft palate children and for a limited number of children with severe malocclusion. This must be provided by an orthodontist who is a member of the Wisconsin Society of Orthodontists or a comparable group in another state. Eligibility is based on financial need and the attitude of the parents and child in regard to the problem and the treatment. Parents are interviewed by a Division staff member before an agreement is made to participate in the cost. Prior authorization is necessary.

PLASTIC SURGERY

The cost of surgery by a Board Certified Plastic Surgeon may be assumed by the Division in some cases. Assistance is dependent upon the amount of surgery needed and the family's financial eligibility. Prior authorization is necessary.

HEART SURGERY

With continually greater advances in surgical techniques for the correction of heart defects, more and more children with congenital cardiac problems can benefit from this very specialized surgery. There are a few medical centers in addition to the University Hospitals in Wisconsin where much of this specialized surgery is done. Division funds can be used to assist with the cost of cardiac surgery at one of these centers. Information regarding the details of this program can be obtained by writing to the Division for Handicapped Children. There are no funds available for hospitalization.

The Division for Handicapped Children also serves as the offical agency for referral to the regional heart centers which are financed by federal funds. If a child is accepted under this program, all costs are covered except transportation to and from the center. Further information can be obtained by writing directly to the Medical Director, Division for Handicapped Children.

ELEMENTS COMMON TO ALL MEDICAL CARE PROGRAMS

Any child from birth to twenty-one years of age living in Wisconsin is eligible for assistance in the aforementioned programs providing the family is found to be financially eligible.

Payment for initial examination by the specialists of the various programs may be made if necessary. A report of the examinations which includes the findings and recommendations must be sent by the physician to the Bureau.

Division funds may also be used to pay for the services of a Board Certified Anesthesiologist when this agency has authorized payment for services of the Board Certified physician performing the surgery.

Authorizations for payments must be obtained before the service is given or items purchased (exceptions can be made if the situation warrants). They are made for a specific period and may be renewed upon request if the child requires continued care and the parents are unable to assume the cost. Authorizations for ongoing care terminate on June 30 and December 31, but may be renewed if additional care is needed.

The Division for Handicapped Children pays the customary, usual and reasonable fee for services authorized less any insurance payment. The Division for Handicapped Children does not pay for hospital costs.

Persons referring a child for assistance should supply complete identifying information, birth date, parents' name, address and county. The referral should give pertinent information regarding the family's need, insurance coverage and available medical information. Medical reports are requested of physicians from whom services are purchased.

SCHOOLS FOR PHYSICALLY HANDICAPPED (ORTHOPEDIC)

Children who require physical therapy, special care and/or building facilities and who would be physically unable to attend regular school may be enrolled in the medical care program of one of the special school facilities located in the following cities: Appleton, Eau Claire, Green Bay, Kenosha, La Crosse, Madison, Milwaukee (2), Racine, Sheboygan, Superior and West Allis. Fond du Lac has a treatment center only. Non-resident children for whom daily transportation from their own homes is not available are placed in boarding homes (See Special Supportive Services, Boarding Placement Section).

At the schools, physical therapy, matron service, rest hours, special equipment and transportation are available, thus permitting the handicapped child as normal a school experience as possible. The schools are staffed by physical therapists licensed according to standards set forth in Section 147.185 of the Wisconsin Statutes. The following modalities are available at these special schools: Heat; light and massage therapy; hydrotherapy; therapeutic exercise; and gait training. The aim is to restore function and to teach the child self-care. Therapists also have the responsibility for instructing the parents in the recommended treatment.

The academic department provides the same elementary instruction as is given in regular schools, including art, music and speech. In addition, orthopedic school classes offer individual instruction and special class adjustments when necessary. Some of the schools offer classes for the multiply handicapped.

The F.J. Gaenslen School in Milwaukee offers a high school curriculum. Kindergarten classes are offered in the Kenosha, Madison, Milwaukee and West Allis Schools when the number of children of this age group warrant. The academic program is supervised on the state level by the supervisor from the Division for Handicapped Children.

Children who reside outside the district where the orthopedic school is located are eligible for enrollment as nonresidents. Tuition for nonresidents is paid by the county of the child's residence per Section 115.82 (2) of the Wisconsin Statutes. The exception to this is in Milwaukee County where school districts are liable for the tuition, this exception having been enacted by the 1963 Wisconsin legislature.

Parents who reside in a district where a special school serving physically handicapped children is located may apply directly to the superintendent of schools for enrollment of their child. The superintendent confirms the enrollment with the Division for Handicapped Children. Because of the legal, financial and professional responsibilities involved, the Division must approve the enrollment of children.

Before a child can be enrolled, a recent medical report including the recommendations for treatment must be on file either at the school or at the Division. This report should include identifying information, diagnosis, relevant history, the objective of treatment, specific instructions for modality, the frequency of treatment and the date that re-examination is indicated. A physician may obtain physical therapy prescription forms from the orthopedic school or the Division. In addition, recent psychological and educational data must be submitted.

Daily transportation to the orthopedic school from the boarding home or the child's own home within the city of the school's location is provided by the local school system with state financial assistance. Taxicabs and school buses are used. Some of the buses have special construction so that the wheelchairs can be accomodated.

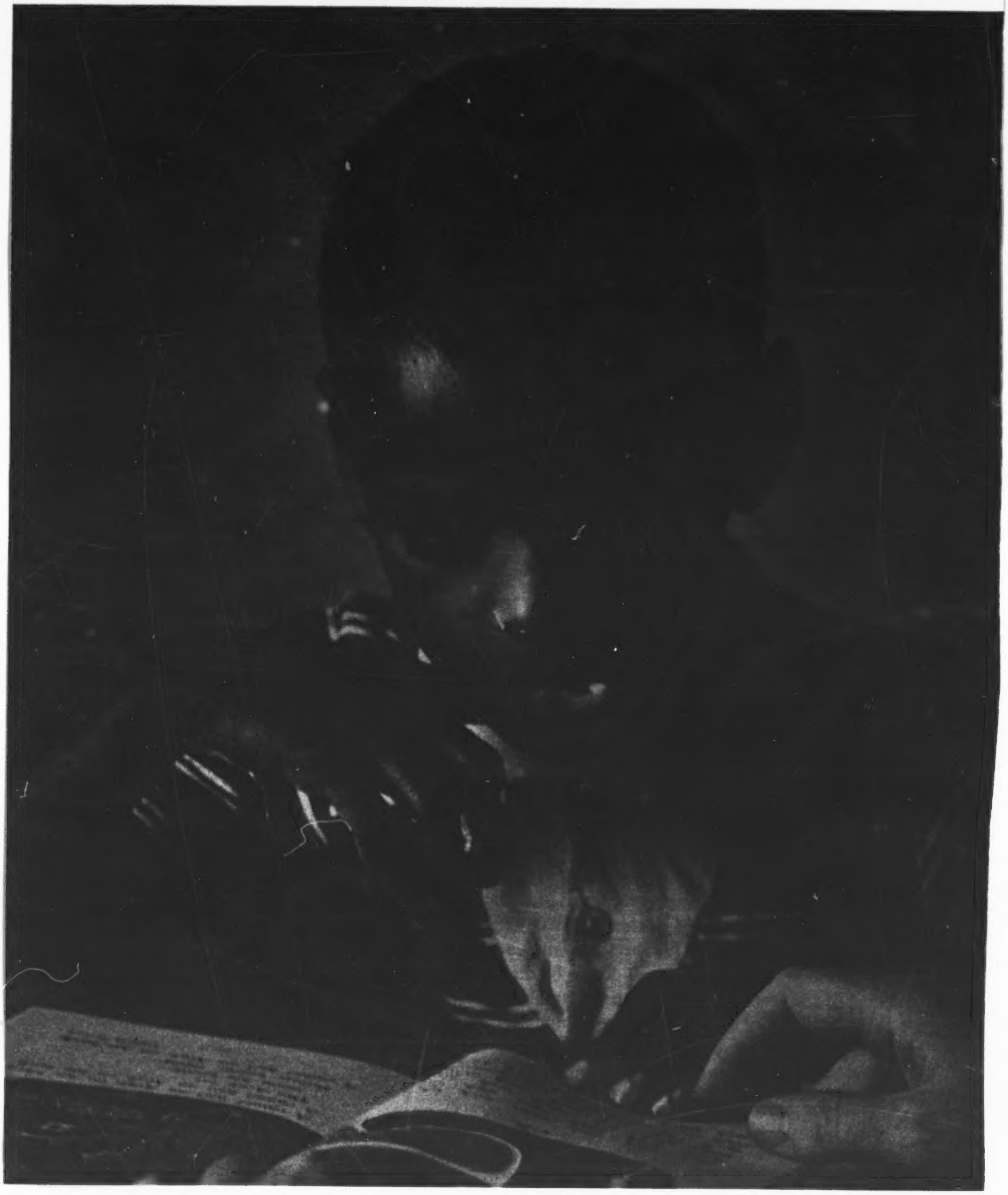
For children living in their own home but outside the orthopedic school district, the district of the child's residence is responsible for arranging the daily transportation. These arrangements are approved by the Department of Public Instruction through the Division for Handicapped Children. The cost to the district is reimbursed in part by state aid.

REGULAR (NON-SPECIAL) SCHOOL ATTENDANCE

Many children with physical disabilities are able to attend regular schools and, whenever possible, they are encouraged to do so. In preparation for a more adequate adult life, physically handicapped children should be given as many opportunities as possible to share experiences with normal children. General transportation aids provided in Section 121.54 (3) of the Wisconsin Statutes may be supplemented up to 35 cents a school day (S.115.85 (5), Stats.).

The following factors must be taken into consideration before placing a handicapped child in a regular classroom: (1) the kind and degree of the child's physical handicap; (2) the child's ability to take care of his personal needs; (3) the adaptability of the school facilities to the child's needs; and (4) the availability of treatment in the community. Before placing a handicapped child in a regular class, we believe it is important that information about his physical condition be given to the school personnel by a professional person well acquainted with his disability.

We find that an increasing number of school administrators are interested in making every effort to accomodate handicapped children. In some schools, classrooms have been re-assigned so a handicapped child may have all his classes on one floor. This makes it possible to children who must ambulate by wheelchair or by crutches to get to their classes without assistance. Now that many of the newer schools are built on one level, the need for special planning to accomodate physically handicapped children is decreasing.



PROGRAM VI

SPECIAL EDUCATION PROGRAMS AND SERVICES FOR THE EMOTIONALLY DISTURBED

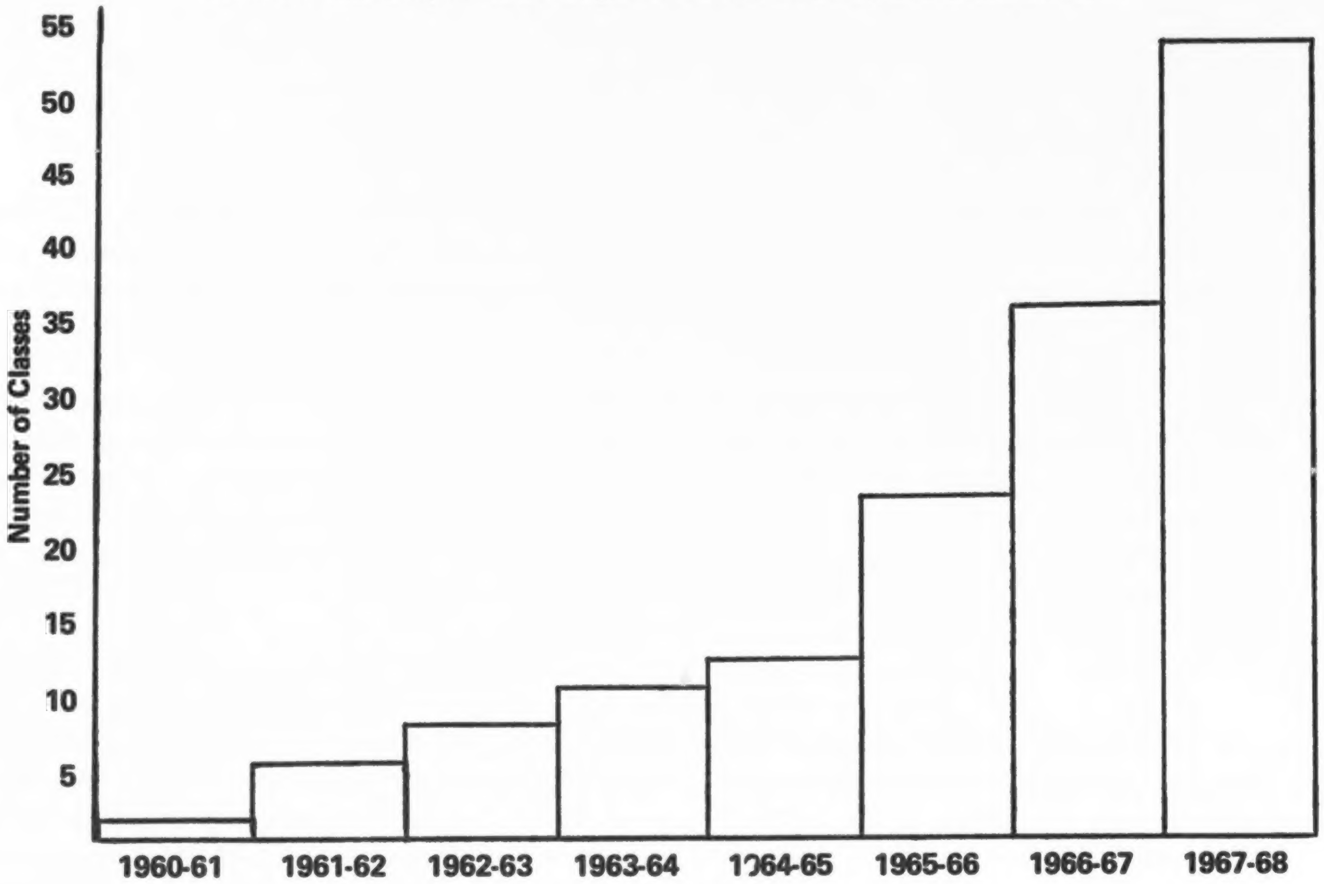
HISTORY

Homebound instruction, the first state-funded educational service for emotionally disturbed children, was established in 1957. Conceived only as an interim measure, homebound instruction is currently utilized only when other educational provisions are unavailable.

The first state approved and funded program for the education of the emotionally disturbed in the public schools was initiated during the 1960-61 school year. Since that time, school services for disturbed children have increased rapidly. Table I shows the development of local school programs from 1960 to 1967.

Table I

Historical Development of Programs for Emotionally Disturbed Children



CURRENT PROGRAMS

In the 1967-68 school year, there were twenty-two state approved and funded programs for emotionally disturbed children. The following list indicates the location and the number of classes in each program.

Appleton (1)
Beloit (1)
CESA 12 (2)
Clinton (1)
Fond du Lac (1)
Glendale-River Hills (1)
Green Bay (3)
Greendale (1)
Kenosha (1)
La Crosse (1)
La Farge (2)
Lake Geneva (1)
Madison (11)
Milwaukee (8)
Milwaukee Co. Children's Home (1)
Milwaukee Co. Hospital Mental Health Division North (9)
Monona Grove (3)
Sheboygan (1)
Superior (1)
Waukesha (1)
Wauwatosa (2)
West Bend (1)

Over 500 children were served in a variety of types of educational programs, including homebound and school programs. Fifty teachers of the emotionally disturbed were certified and reimbursed by the Division for Handicapped Children. Both paid and volunteer aides were utilized in a number of the programs.

Although the children served ranged in age from five to eighteen and in academic functioning level from kindergarten to high school, the majority of programs dealt with elementary age children functioning at the primary level. Most of the children enrolled were academically retarded or had learning disabilities. On the basis of psychological evaluations, the children ranged in intellectual functioning from retarded to gifted. The majority of children served were within the normal range of intelligence and presented a wide variety of behavioral problems.

PROGRAM INITIATION

Prior to the initation of a new program at the local level, the school system must develop a comprehensive plan describing the proposed program. A written plan is also required for a revision or extension of an existing program. The proposal should include the following general areas of information: program philosophy; program development, implementation and evaluation procedures; program goals; criteria for referral; screening, admission and termination of services; type of level of programming; procedures for individual diagnosis and evaluation; and annual program evaluation.

ORGANIZATION, REPORTING AND REIMBURSEMENT

There are various ways to organize educational services for the emotionally disturbed. The important variables in the development of a continuum of services are age range, level of disturbance, type of behavioral or learning disabilities problems and current level of educational functioning.

The Division has encouraged the use of many different approaches in educating disturbed children. In some programs, the youngsters spend the entire day in a special class. Another program modification is to provide special help while the children are in attendance in a regular classroom. Other programs provide for attendance in regular classes for part of the school day and attendance in special classrooms for the rest of the school day. Because no one method, administrative model or set of procedures has been found to be fully satisfactory for all disturbed children, additional experimentation is encouraged.

Programs will be reimbursed 70 percent of the approved amounts of items submitted on the annual financial form for emotionally disturbed programs. Reimbursable items include salaries of qualified teachers and assistant monitors, special books, special equipment, resident transportation, nonresident transportation (boarding), room and board for nonresidents, other items previously approved, lunches and psychological services.

A comprehensive state program for emotionally disturbed children is still in the formative stage. Future goals include the development of administrative models to assist in the development of a continuum of services at the local school level with special emphasis on secondary programs. The greatest barrier to the development of programs is the lack of sufficient numbers of trained teachers.

PROGRAM VII

MENTALLY RETARDED CHILDREN

PHILOSOPHICAL BASIS

In every community of our state, there are children who cannot optimally benefit from education in regular instructional programs. To aid school districts in providing an appropriate educational program for these youngsters, state laws have been passed which support local communities in their efforts to provide special education services. It is the accepted responsibility in our state that each community to the best of its abilities, either individually or in cooperative agreements, provide a full continuum of special education programs for the mentally retarded.

The laws for establishment of classes for the mentally retarded are permissive in nature. We believe that the initiation in operation for public school services for the mentally retarded is a local responsibility. Current philosophy with respect to state level administration and supervision suggests that the leadership functions of (1) Planning, (2) Research, (3) Advising and Consulting, (4) Coordination and Recognition and (5) Public Relations are appropriate areas of responsibility.

STATUTORY BASIS

Enabling legislation for the creation of the Division for Handicapped Children included designated responsibilities in administration and supervision of programs for the mentally retarded. Provisions were made for securing qualified supervisory personnel to assist the Division Director with special services for the mantally retarded. The scope of consultant and supervisory function includes formulation of general policies in accordance with statutory provisions, curriculum development, class planning, teacher recruitment, inservice training, criteria for pupil placement, general public education programs, analyzing services, evaluating requests for financial reimbursement, cooperation with colleges and universities and close liaison with parent organizations.

Cooperation at local and inter-agency levels is imperative if general Division functions are to be effectively accomplished. This cooperation is effected with school personnel, district school boards, county school agencies, cooperative educational service agencies, psychological and psychiatric disciplines, parent groups, colleges and universities and governmental bodies. Cohesive integration of effort is not only desirable but essential in meeting the multiplicity of needs common to specialized programs of education, habilitation and rehabilitation. It is of paramount importance in cases of multiple handicapping conditions involving a wide continuum of medical, social, psychological and educational services.

Since enabling legislation is permissive in nature, specific Division services are initiated by a request from local administrators to the supervisor having geographic responsibility to the area. Following conferences relative to general policies and procedures, a testing survey is accomplished to establish the need for the varying levels of special class services. If a sufficient number of students are identified, ten to fifteen for educable classes and five to eight for trainable level facilities, selection of an adequate room, securing of a qualified teacher and obtaining of special books and instructional materials follow as a logical sequence of planning. Division personnel act in consultative capacities and provide materials regarding policies and criteria for specific elements of service. Placement of students in special class is contingent upon Division approval following individual psychological evaluations. Psychological reports from qualified and certified personnel are acceptable from areas having local psychometrists or psychologists and specialized evaluative agencies. Follow-up services in such areas as total program planning, administrative consultation, teacher consultation, parent counseling, assistance in teacher certification procedures, distribution of publications and inservice training are provided.

In 1917, the first enabling legislation was passed for state support of special classes for the mentally retarded. Since that time, expanded aids and reimbursements have been legislated to encourage the establishment and expansion of classes for retarded children. The basic principle underlying our state's support is primarily supportive, with some measures directed towards incentive aids.

Section 115.80(1) of the Wisconsin Statutes legalizes the local school board, a County Handicapped Children's Education Board and a cooperative education agency to organize and maintain special facilities for handicapped children. With the approval of the state superintendent, the law places the initiative for establishment and primary responsibility for operating special classes on a local public education agency. The law also provides for the establishment of the Division for Handicapped Children. The Division's general functions are presented in other sections of this book.

Section 115.80 authorizes the local public education agency school district to establish a special program and employ a teacher; recognizes the legality of inclusion of non-resident handicapped children in such a class; provides for approval of such a class under joint responsibility of two districts (S. 66.30, Wis. Stats.); and authorizes the provision of homebound instruction to a qualified handicapped child under section 115.84(1).

The appropriations designated for state support of special education are specified in Section 20.650 of the Wisconsin Statutes. The dispensing of such allocated funds rests with the state superintendent as provided in Section 115.85. This section states that if upon receipt of the proper report, the state superintendent is satisfied that the school or class has been maintained according to the statutes, he shall certify funds to the operating district for salaries of qualified teachers, maintenance and transportation of pupils attending such a class, special books and equipment and other expenses approved by the state superintendent. Reimbursement is made at the seventy percent level on approved amounts.

Provision for excusal of children from school for physical or mental incapabilities is provided for in Section 118.15 of the Wisconsin Statutes. This is called the "excusal procedure." It is suggested that school authorities familiarize themselves with both this section and Section 120.13(1), the expulsion provision. In the excusal provision, the action rests with school officials, parents and a reputable medical authority. Under the expulsion provision, the board must file notice of such expulsion with the parent. The parent then has the privilege of appealing to the state superintendent, then to the circuit court.

Special transportation aids for handicapped children are an addition to general aids as provided in Sections 121.54, 121.57 and 121.58 of the Wisconsin Statutes. School districts should take care to have written contracts with carriers before requesting approval by the state superintendent's office so that funds will be provided as stated in Section 115.85. A county may desire to provide transportation for all handicapped children residing in their county school jurisdiction. Such transportation may be provided under Section 115.81(8) of the Wisconsin Statutes. Aids to districts for transportation of handicapped children operating under Section 115.85 and 115.81(8) are allocated according to a sliding scale determined by the Division for Handicapped Children.

Tuition for handicapped children attending a special class in another school district, whether it be county or locally operated, is outlined in Section 115.82 of the Wisconsin Statutes. Section 115.82(4), created by Chapter 205 of the 1963 Session Laws, concerns tuition for handicapped children of Milwaukee County.

A transfer of a child to another district for special educational services, whether it be due to lack of local services or need for equivalent services, requires the approval of the state superintendent and both local administrators.

POLICIES AND PROCEDURES

We believe that the continued growth and improvement of educational services for mentally retarded children should be initiated at the local school level with financial, administrative and supervisory assistance from the State Department of Public Instruction. It is our desire to assist any local school system in organizing a new class, or extending or supplementing their services for retarded children.

The responsibility for initiating these special classes lies with the local schools. They decide on the amount of money needed to hire a qualified teacher, purchase books, equipment, teaching aids and supplies and other necessary items to operate their service at a maximum level.

A school district or county may organize a special class and receive financial reimbursement from the Division for Handicapped Children if they meet the following criteria: (1) The program to be offered the children meets the Division approval; (2) the teacher must have the proper certification; and (3) the pupils must be classified as eligible by Division standards. The number of students enrolled in each class is determined in part by that type and level of service to be initiated, that is, trainable or educable. Specific policies relative to the approval and support of programs for the mentally retarded are to be found in "Programming Public School Services for Retarded Children in Wisconsin," a publication of the Department of Public Instruction.

The classrooms which are provided for these children should be equivalent to or larger than those commonly utilized by regular classes. The local school personnel usually equip the room with numerous pieces of special equipment which are essentially for the non-academic phases of the curriculum. This should complement the regular academic function of the class. We have strongly recommended in the majority of cases that these handicapped students be placed in school buildings providing regular class services.

At the beginning of each school year a plan of service should be completed in quadruplicate and mailed to the Division for Handicapped Children for approval. Sometime before October 1, individual class enrollment forms should be completed and submitted to the Division for Handicapped Children. If new enrollees are admitted to the class after this date, an individual form, PI-BHC-SE-14, is mailed in for approval by the area supervisor prior to placement. At the end of the school year the October enrollment form is returned to the local administrator and the number of days attended for the entire school year is entered. This completed form is then returned to the Division for Handicapped Children. When the total operating expenses for the school year are known, a financial report is to be filed with the Division for Handicapped Children in duplicate by July 15.

When a local school system initiates special class services for the mentally retarded, it is necessary to provide essential teaching aids, supplies and equipment. Some of these items will be considered as "special" to this room and reimbursement is permitted at a seventy percent level. Other equipment, such as children's desks, chairs, tables and similar items commonly found in regular classrooms are not considered for reimbursement from special funds. These items are constructed as basic to any classroom where sound teaching is to be conducted. A selected list of special high interest-low vocabulary books, equipment and supplies may be requested from the Division for Handicapped Children.

Transportation of handicapped children is frequently a major factor in general program administration and requires sound planning by local school personnel. The arrangements and contracts for this transportation should be completed in the interest and safety of the children.

For clarification of the above points and additional information relative to programs for retarded children, please contact the Division and we will be more than pleased to supply additional information.

(see pg. 88 for MR Bibliography)

PROGRAM VIII

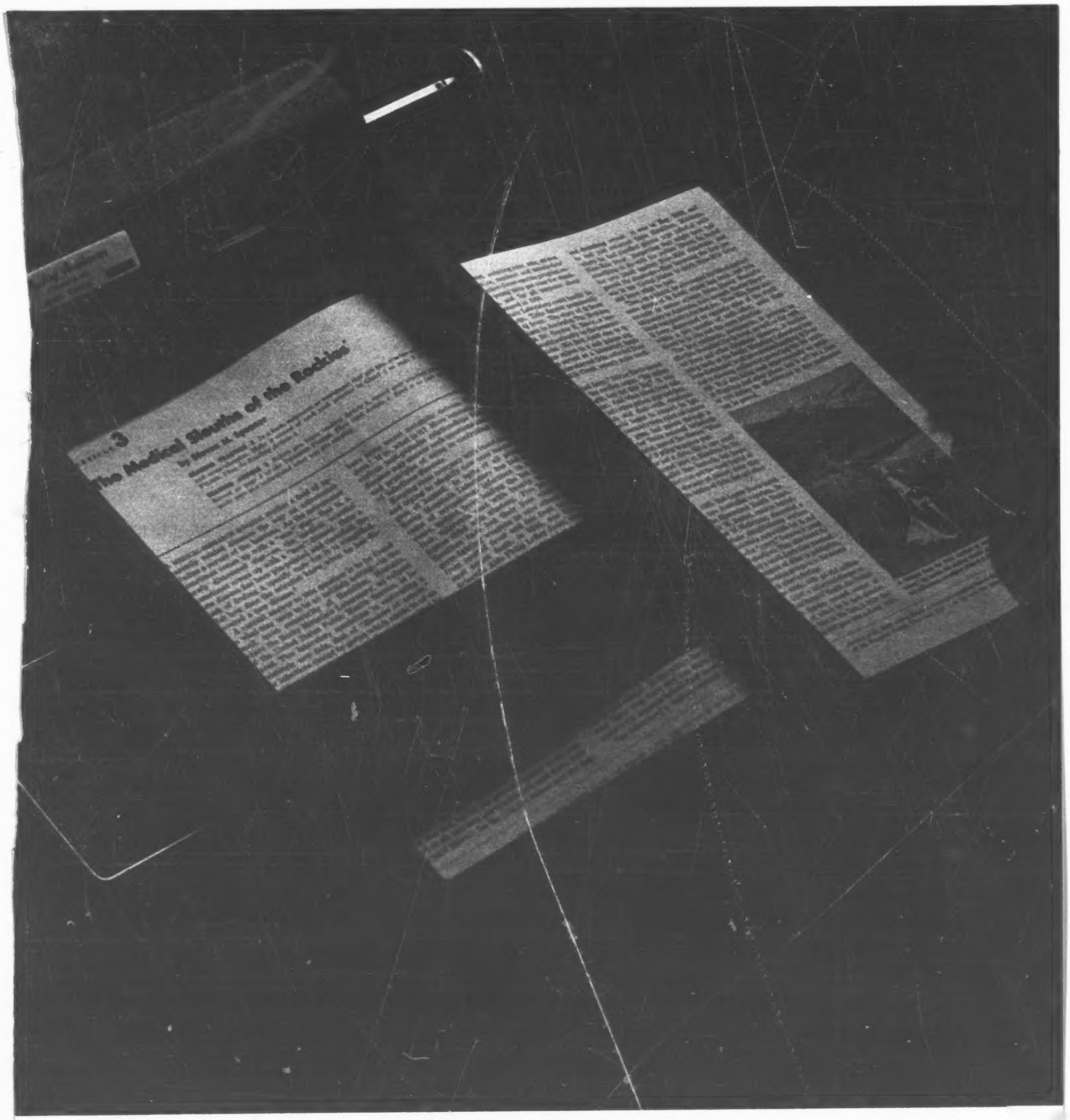
CHILDREN WITH SPECIAL LEARNING DISABILITIES

In September of 1964, Wisconsin initiated the first experimental classes for children with "special learning disabilities" within the Madison and Milwaukee school system. Madison has the distinction of being the first school district to implement an SLD service. Milwaukee followed with a second unit during the second semester of the 1964-65 school year. This was a major step forward in attempting to learn more about the child who has been variously labeled "brain-injured," "neurologically impaired" and "minimally brain damaged" to cite only a few of the terms utilized to designate this group of children. While etiology, diagnosis and remedial techniques in regard to this disability have not always been clear, the classroom teacher has been faced with the problem of handling such children with few or conflicting guidelines. In the face of lack of agreement and definitive information regarding this problem, Wisconsin has nevertheless attempted to provide *tentative* policies and procedures for implementing classes and services for children with potential or average intelligence but experiencing special learning disabilities. In order to clarify these tentative policies and procedures, this chapter will provide information on The Special Learning Disabilities (SLD) Classroom or Service.

GENERAL PROCEDURES

A. Criteria for Identifying the SLD child
  1. Characteristics of the children
  2. Evaluation of the program
B. Continuum of Services
C. Certification Standards for SLD Teachers

Section 115.80(1) of the Wisconsin statutes provides enabling legislation permitting the establishment of SLD classes. Reimbursement is provided under Section 115.85(1) at the rate of 70% of the approved instructional costs including the teacher's salary, teacher aide's salary, special books, special instructional equipment, lunches and psychometric services. Transportation aids are provided under Section 121.58(2) (general aids) and one of the following plans: 115.85, 115.81(9), 115.81(6), or 121.54(3). Responsibility for initiating classes lies with the local schools and the Division for Handicapped Children is desirous of assisting any school district, County Handicapped Children's Education Board or Cooperative Educational Service Agency in organizing such classes.



IDENTIFYING THE SLD CHILD

Special learning disability is defined as a primary and significant discrepancy between ability and achievement associated with suspected or known neurological handicap. The term is currently being employed broadly and generically by the state department to encompass programs emphasizing communication disorders and programs focusing on learning disorders of a motoric and perceptual nature. Experience with this conceptual approach may suggest the need to differentiate these two major disability areas.

A child may exhibit behavior frequently associated with neurological damage, such as perseveration and hyperactivity. As the child's primary symptom is an academic failure in conjunction with normal or above average intelligence, he is not to be confused with the mentally retarded child who has exhibited below average intellectual functioning or the emotionally disturbed child whose primary problem in the classroom may be, for example, extremely regressive behavior.

CHARACTERISTICS OF SLD CHILDREN

The following brief characteristics associated with neurological damage may be helpful in identifying the child with special needs:

1. **Learning Deficits**–the discrepancy in achievement may be exhibited in any academic area, but is most frequently found in reading and arithmetic. Spelling may be poor and difficulty with abstraction and conceptualization may be common. The dyslexic condition is related to neurological impairment and is not to be confused with the more traditional remedial reading case.

2. **Perceptual-Motor Deficits**–written and drawn work may be poor, figure-ground discrimination may be difficult; production of parts rather than whole figures may be prevalent; cutting, pasting and other fine motor skills may be impaired.

3. **Coordination Deficits**–a general awkwardness in daily transport activities as well as in games and school activities may be evident.

4. **Hyperactivity**–excessive activity may be of a physical, verbal or cognitive nature, as exemplified in constant motion, excessive talking and disorganized thinking.

Perseveration and Impulsivity–Inappropriate repetition of a physical and motor nature, such as a simple motor activity repeated excessively, or preoccupation with one verbal topic in spite of a seemingly contradictory lack of concentration to new or appropriate tasks. Impulsive touching or speaking may be typical in a new situation.

6. **Short Attention Span and Distractibility**–frequent distraction of concentration especially to new or highly abstract material, apparent by seemingly irrelevant stimuli, lack involuntary and abnormal lapses in attention may be exhibited.

7. **"Soft" Neurological Signs**–some frequently exhibited signs may be ambidexterity, speech defects, general clumsiness, confused laterality, postural defects, strabismus and others.

8. **Language Disorders**–some children may exhibit various forms of communication disabilities considered characteristic of aphasoid disorders. Expressive, receptive and mixed language disabilities may manifest themselves in various forms of oral and written communication problems.

Because a child may exhibit one or all of the characteristics presented here does not necessarily categorize him as an SLD pupil. Nor will there exist a particular syndrome of specific characteristics. Similarly some children in retarded, emotionally disturbed and other classes will reflect similar characteristics, since neurological impairment is not selective from an intellectual or social point of view. However, the presence of such symptoms may indicate the need for a more thorough evaluation.

EVALUATION OF THE SERVICE

Although special diagnostic instruments and procedures for dealing with learning disabilities are not clearly accepted, certain procedures do provide meaningful information. Therefore, the child in question should be seen by a trained and well-qualified diagnostician. The following procedures have been recommended:

1. **Physical Examination and History** A physician may be able to rule out certain gross or frank conditions, and may give indications of the need for further specialized medical assessment. Academic and behavioral records from the school should be an important part of the history.

2. Neurological Examination If a neurological impairment is suspected, such an evaluation may be pertinent. When such examinations are given, the school should request information and interpretation as to how the child may be expected to perform in the school situation.

3. Psychological Evaluation Such an evaluation typically involves intellectual measures such as that provided by the WISC, diagnostic and reading achievement tests and a measure like the Bender Visual Motor Gestalt. Personality assessment may also be a part of the clinical evaluation either in the form of a separate test or from the behavioral data obtained during the examinations. Subjectivity being an important part of the appraisal, standardized measures then provide observations of individual performance against a background of normative data.

4. Special Tests Devices such as the Lincoln-Oseretsky Motor Development Scale, Kephart's Perceptual Survey Rating Scale, Raven's Progressive Matrices, the Illinois Test of Psycholinguistic Abilities and the Frostig Test of Visual Perception are illustrative of the special tests used to assess special learning disabilities. Visual examination by an optometrist or opthalmologist may also provide pertinent material.

It is important that reliance not be placed on one individual measure or instrument. The coordination and synthesis of evaluation material obtained from the parents, physicians, teachers, school psychologist, social worker and school nurse should be a part of the total evaluative picture. This case summary should then be interpreted by the school within the perspective and framework of its own specific objectives and resources.

CONTINUUM OF SERVICES

Since no single method for dealing with all SLD children has been proven clearly successful, a great deal of responsibility is thus placed upon the individual school system for careful planning and consideration of the individual population that it is serving. Possibilities exist for various administrative arrangements including the self-contained unit, the resource room, the itinerant clinical teacher and the utilization of teacher aides.

Some general outlines to guide school districts in the planning of SLD services might include

1. Consultation with Administration Consultants in the Division for Handicapped Children are available to consult with interested school personnel regarding the establishment of SLD services. University personnel, interested professional groups and others may provide support and guidance in the development of service programs.

2. Pre-planning An essential part of any program, pre-planning must include special considerations regarding a population which is compatible in age level, range of disability to be handled, appropriate curriculum, teacher training, trial placement, relative time of program, parent consultation, coordination with the parent classroom teachers, consultation from professional personnel not ordinarily involved in classroom planning and other significant variables.

3. Establishment After sufficient pre-planning and consultation, the progressive establishment of the class must be flexible enough to provide needed changes in any aspect of the program, relative to the needs and growth patterns of the children.

4. Evaluation Consideration should be given to the evaluation of the program in terms of the progress of the children, effectiveness of methods, attitudes of the teacher and other personnel and other relevant aspects.

5. Replacement Ultimately the child will be returned to the regular classroom, since a major goal is reentry into the mainstream of regular education. The SLD room should not be considered a permanent placement and a continuing effort should be aimed at returning the child to the mainstream of the typical school.

In summary, SLD programming involves

1. An operational definition of the group to by served and intensive case finding.
2. Evaluation by a team of trained diagnosticians.
3. Establishment of appropriate units or services following establishment of pre-planning guidelines.
4. Evaluation of the attainment of program goals and the efficacy of specific curricular and methodological approaches.
5. Modification of program objectives and instructional practices following evaluation.
6. Conformity to state procedural policies, criteria and suggested guidelines.

FUTURE DIRECTIONS

Hopefully, careful experimentation, classroom information and scientific educational advances will provide more specific leads relative to programming for the child with special learning disabilities. Current state supported facilities and services are construed as being pilot and demonstration in nature. There has been careful and purposeful effort maintained to prevent policies, procedures and administrative arrangements from becoming too fixed and inflexible. This section of the Handbook has been specifically designed in broad general terms to stimulate trial pilot demonstration programs and experimentation in the various programming arrangements.

Experience with SLD approaches and evaluation of existing services will enable the department to develop more specific and definitive policies and guidelines in subsequent revisions of this manual.

Publications and Films of the Division for Handicapped Children

Aids To Motoric and Perceptual Training–Bulletin 4a, 90 pp., 1964. For teachers of SLD and retarded classes.

Readiness Activities For Retarded Children With Emphasis On Perceptual Training–Bulletin 4b, 20 pp. 1957. For teachers of SLD and retarded classes.

A Movigenic Curriculum–Bulletin 5, 120 pp., 1966. For teachers of SLD and other special education classes.

A Movigenic Curriculum (Film), 50 minutes, black and white, 1965. Obtain from the Bureau of Audiovisual Instruction, University of Wisconsin, Madison, c/o Dr. Maurice Iverson.

Bibliography For Special Learning Disability Units– Bulletin 27, 19 pp., 1966. Courtesy of Sacramento Chapter for Neurologically Handicapped Children, 5954 Spruce Avenue, Sacramento, California and Dr. Donald Mahler, California State Department of Education, 721 Capitol Mall, Sacramento, California.

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Also see *Children Lost In Space*, 45 minutes, color, 1960. Obtain from Educational Director, Society for Brain-Injured, Inc., 1009 S. 16th St., Milwaukee, Wisconsin 53204

PROGRAM IX

HOMEBOUND INSTRUCTION

SCHOOLS COME TO THE CHILD

Article X, Section 3 of our Wisconsin State Constitution provides that public education be free to all children between the ages of four and twenty years. This guarantee is a very difficult one to bring into reality. Many children have serious temporary and chronic disabilities that prevent them from attending our regular public schools. At the present time, over 1,600 children and youth in our State are too sick or otherwise disabled to go to school and yet can benefit by academic instruction. These boys and girls who cannot go to school may have the school come to them.

The Wisconsin Statutes clearly authorize a full program of homebound instruction for physically and mentally handicapped children in Sections 115.84(1) and 115.84(2). This school program calls for cooperation from many agencies, school districts, county handicapped children's education boards and cooperative educational service agencies and also from many groups of people. For example, the provision for children between the ages of five and eighteen confined to sanatoria is mandatory.

First, the school administrator must be alert to this challenge. He will closely check his school population and the broader school census to see that all children of school age are getting an appropriate educational service. He must also inform physicians and nurses as to the possibilities ofthe homebound program. He should be sure that all of his staff understand the social, emotional and educational possibilities of this unusual service. When a child is seriously injured, contracts rheumatic fever, muscular dystrophy, is severely burned, has serious orthopedic disabilities, is severely emotionally disturbed or has any other gross physical or mental deviation that cannot be provided for in regular or special classes, the administrator should quickly organize a feasible plan of homebound service for the disabled child.

A statement from the physician serving the child should be secured and this statement should prescribe homebound instruction.

After this has been accomplished the administrator will then proceed to determine the most suitable form of homebound instruction for the child currently being serviced. At least four methods of home instruction are utilized in Wisconsin. These are:

1. Home teaching done by a qualified teacher in the home or hospital.
2. School-to-home telephone or teach-a-phone service.
3. Correspondence courses may be utilized.
4. A combination of the later two preceding techniques and home teaching.

The chronological age of the pupil, his academic attainment, the location of his home, his and his teacher's social adaptablity, the availability of telephone facilities and a myriad of other reasons will in part determine the techniques to be employed.

The homebound teacher is an integral part of this scheme to help damaged children. She needs all the qualities of any successful teacher and more. She must also have many special abilities because of the time, place and circumstances relating to her special role. The teacher must be able to work in the intimate surroundings of the home or hospital; she must remain professionally objective even though the temptations are great to be "softhearted;" she must perceive the family's complex inter-personal threats and problems; she must be able to teach without all the usual tools of the classroom; she must be able to improvise techniques and materials of instruction; she must make the child involved feel he still is part of the school system that he has permanently or temporarily left; and she must be able to work with professions outside of education.

Wisconsin's legislation in this area is permissive allowing school districts to provide homebound instructional services to any youngster who will be out of school for 30 or more days because of a physically or mentally incapacitating condition. Costs of these local services are shared by the state on a formula basis. Fifty per cent of the instructional costs not to exceed a ceiling of $200 per child per school year are reimbursed by the State to the local school agency. (The department is seeking legislative action to amend the statutes to raise this ceiling to $400.)

A recent check of the types of disabilities served under this program indicates that the physically handicapped group represents the largest single category, followed by the emotionally disturbed, fractures and burns, and then pregnancies. Homebound services for the mentally retarded are reaching only a small number of probable eligible candidates and districts need to give greater consideration to this potential service for some types of mentally retarded pupils.

Readers will be interested in knowing that departmental policy permits the use of homebound services in individual instances whenever a child is attending school fifty per cent or less of the total school day. This policy has special implications for disturbed children who may be moving sequentially from being solely on a homebound basis, to part-time attendance, to full-time participation in school. However, this policy applies with equal relevance to all categories of exceptionality. Similarly, *summer* homebound services are permissible whenever a child has not received 180 days of regular term homebound instruction. The maximum ceiling on reimbursement previously discussed continued to apply in these cases.

For further information on homebound instruction school administrators should contact the consultant for homebound services in the Division for Handicapped Children.

Publications of the Division for Handicapped Children

Schools Come to the Child, 1961, one page description of Wisconsin's program, including several case examples.

Homebound Instruction of the Physically Handicapped, Rev., 1968, 11 pages.

Programming Public School Services for Retarded Children in Wisconsin: Homebound Services, 1967, 4 pages.

SPECIAL SUPPORTIVE SERVICES

BOARDING HOME PLACEMENT

LEGAL BASIS

Sections 121.57 and 121.58 of the Wisconsin Statutes make provision for board and lodging, in lieu of transportation for children who must attend school in a district other than their own. Parents are expected to approve boarding plans before they are put into effect and then approve the selection of the boarding homes for their children. The law provides for state reimbursement to school districts operating special classes for the children's board and lodging. Since boarding and lodging is provided in lieu of transportation between the child's home and the special school, general transportation funds are used to the extent of $6.00 a week for a five day week, but not more than 60% of the cost. Additional amounts may be paid from special funds for handicapped children attending special classes.

ADMINISTRATION

The boarding home program for handicapped children attending special classes in the State of Wisconsin is administered by the Division for Handicapped Children. The Child Welfare Consultant is responsible for supervising the program of approximately 155 children each year. There are 7 centers with special classes for the visually handicapped, 15 centers for the deaf and hard of hearing, 12 centers for the orthopedically handicapped (Milwaukee city has 2 centers) – in addition, Fond du Lac City provides physical therapy only. There are approximately 300 centers for the mentally retarded, but very few of these children need boarding home placement.

The Division for Handicapped Children develops policies governing the administration of the boarding home program covering finances, agency participation and the Division-school-welfare relationships. Guides for selecting boarding homes for handicapped children and rate sheets for assisting welfare agencies to determine equitable rates of board are also prepared by the Division for Handicapped Children. Consultation is offered the school personnel and the welfare department whenever requested. The Division for Handicapped Children also develops local child placement services for non-resident children attending special classes.

The Child Welfare Consultant arranges for handicapped children to be placed locally in boarding homes when they are referred by other members of the Division staff. Boarding home placement is approved only when transportation is not feasible because of distance, inclement weather or the lack of public transportation. Only cases with medical problems are processed. Enrollment forms, including medical forms to be completed by the family physicians, are sent to parents. Letters are written to the child-placing agencies requesting their assistance in arranging for the children's placements in boarding homes and supervising them while they are away from their home. The letters consist of summaries of pertinent information obtained from the case records, the supervisory staff of the Division for Handicapped Children, and the results of medical, psychological and auditory examinations. Suggestions are made regarding the children's needs and the special care and equipment that may be needed in the boarding homes.

The Child Welfare Consultant may arrange boarding care in communities without adequate child welfare services. The Division for Handicapped Children's activities of direct planning are terminated as soon as suitable child welfare services are available locally.

PREPARATION OF THE CHILD

The supervisors of the Division for Handicapped Children are acquainted with the children who are to be placed in boarding homes in order to attend special classes for the deaf, hard of hearing, visually handicapped, orthopedically handicapped or the mentally retarded. Many have visited the children in their own homes. Since the Child Welfare Consultant is unable to meet with all the parents of the children to assist them in planning for their children to leave home, the local welfare agencies are encouraged to help parents prepare their children when they make their initial visit to the agencies' offices. Some welfare agencies prefer to request welfare agencies in the children's local communities to carry out this function. Public health nurses in the children's home communities are utilized to assist the families with health problems and other needs. Final plans for boarding the children are predicated upon the families' approval of the boarding homes. No placements in boarding homes are made until satisfactory arrangements are completed for the children's weekend transportation.

FINANCES

The Division for Handicapped Children approves all payments for five day per week boarding home care on an individual basis. Welfare agencies notify the Division of the proposed boarding rates and copies of the approvals for payment are sent by the Division to the superintendents of schools and the welfare agencies responsible for the children. Rates of board are elastic and are to be based upon the needs of the child and the responsibilities the boarding parents must assume for the children. Approximately one percent of all handicapped children in boarding homes are placed for a seven-day period because of necessity. Parents are responsible for week-end boarding costs. When they cannot afford this, the Division for Handicapped Children requests the public health nurses or the welfare agencies in the children's communities to find an organization or agency willing to pay these costs. In exceptional situations when no other arrangements are possible, the Division for Handicapped Children may agree to approve payments for weekend care.

LICENSING BOARDING HOMES

Welfare agencies engaged in placing and supervising boarding homes license the boarding homes prior to the placement of the children.

TRENDS

While the number of orthopedically handicapped children in boarding homes has declined substantially, the children who are placed are much more handicapped than children previously placed. Many with severe multiple handicaps were not considered placable. The number of deaf and visually handicapped children being boarded for school purposes remains approximately the same as in former years. Actually there are a greater number of children from distant communities attending all the special classes, but due to improved means of transportation an increased number live at home and are transported daily.

MEDICAL SOCIAL SERVICE

The Division for Handicapped Children frequently sees numerous children who have personal and social problems that interfere with their medical care and treatment. Because such interference also affects educational planning, efforts to help these children and their parents must be provided if the children are to receive the medical care and educational opportunities that they need. Some of these problems are resolved by the various Division staff members in consultation with the medical social consultant. Others require direct involvement by the consultant. This necessitates working with parents, physicians and public health nurses as well as with local school administrators, teachers and county judges. Some of these children may have several physical handicaps which create major problems for the child, the parents and the community. Understanding what these problems mean to the various individuals working with these youngsters is important if help is to be given. Thus, the medical social consultant has the responsibility of helping other professionals involved with these children by acquainting them with the various medical, social and educational problems.

Some problems are related to lack of knowledge of what resources exist for families of these children within the local community, the county, the state and sometimes outside the state. These resources may consist of financial assistance, counseling services or special medical facilities. The medical social consultant is very knowledgeable about these resources and can provide help by referring families to appropriate persons, agencies or medical centers.

It must be recognized that the services of the Division for Handicapped Children are dependent upon local resources, particularly in those situations where an on-going service is needed. The medical social consultant gives assistance, in some cases, to local welfare agencies, public health nurses and school personnel by discussing with them the problems and the possible methods of resolving them. If help cannot be provided locally with a minimum amount of assistance from the Division for Handicapped Children, the child may be deprived of appropriate services. Thus solutions to the various problems sometimes can mean the difference between a child receiving adequate treatment or no treatment at all; the difference between receiving an education in an orthopedic school or remaining at home on homebound instruction; the difference between a child being in a regular school living at home or going to a special school and living in a boarding home.

It is hoped that as local communities learn how these children can be helped they will assume more and more responsibilities for providing the needed assistance.

INSTRUCTIONAL MATERIALS CONSULTANT

A new element of service was introduced to the State by the Division for Handicapped Children with the implementation of the position of Instructional Materials Specialist. One of the major functions of the person in this position is to serve in a liaison and coordinative capacity between the state agency, the Regional Special Education Instructional Materials Center and the growing state network of associate instructional materials centers.

The instructional materials specialist will also serve as a field person to sensitize the local special education personnel to the services available from the regional and associate centers and to new media and learning materials available in the various areas of special education. He will keep appraised of new developments within the instructional materials centers and assist in the development and improvement of new and existing associate and local Special Education Instructional Materials Centers.

The new staff member will assist local areas in developing local IMC's and professional collections. He will be available for local inservice meetings and will develop publications which disseminate information and new knowledge relevant to new materials.

The materials specialist will coordinate the activities of the Wisconsin Special Education Instructional Materials Center Advisory Committee. This committee is comprised of representatives of the respective IMC's.

Another responsibility of the materials specialist is to participate in state agency evaluation tem surveys. He will focus primarily on the area of media of instruction.

The state agency envisions a greater direct service to local clients and users of local level instructional materials centers as results of the consultative efforts of the instructional media specialist.

RESEARCH AND EVALUATION

Title V of the Elementary and Secondary Education Act of 1965 (P.L. 89-10) provided funds to strengthen State educational agencies. Programs initiated under this Title were expected to improve and expand services, not to replace existing or future efforts by the State. Some research has always been considered a function of the role of the special education supervisors. Thus, consistent with the intent of Title V, the Wisconsin Division for Handicapped Children was allowed to create and to recruit for the role of research coordinator. The present section provides a description of this role as it has evolved over the past two years.

RESEARCH: DEFINITION

In starting to talk about a definition of research, the logical starting place would seem to be the dictionary, particularly because it seems to be that type of book wherein writers are forced to say what they have to say in a minimum of space. When a writer has several hundred pages in which to expound, then it can become exceedingly difficult to extract the kernel of meaning from the verbiage. Accordingly, the following is the definition of research in English and English's "A Comprehensive Dictionary of Psychological and Psychoanalytical Terms:"

> a systematic, detailed attempt to discover or confirm the facts that bear upon a certain problem or problems, and the laws or principles that govern it.

Webster's Third International Dictionary offers essentially the same definition but uses three times as many words. Webster also notes that a researcher is

a) One who does research and, interestingly enough,
b) A worker who cleans tobacco a second time to remove dirt and stems.

Four aspects of this definition stand out and can be discussed briefly. They are

First: Research is concerned with problems.
Second: Research is systematic and detailed.
Third: It attempts to discover or confirm facts.
Fourth: These facts should throw some light on the laws or principles underlying the problems.

The problems that research can become concerned with are legion because anything which is a source of difficulty, complexity or worry can be considered a problem and can be researched if the appropriate questions are formulated. The appropriate question is, of course, that type of question to which an answer is forthcoming. What is implied here is that in formulating a researchable problem (i.e., asking a researchable question or in the vernacular of the field, making a hypotheses), the researcher must be willing to turn back on his experience, to observe relevant phenomena and become acquainted with the work of others who have grappled with the problem.

Problems or research questions do not spring full blown out of a vacuum; rather they are interwoven in the complex socio-psychological, politico-economical matrix of the society. In the social sciences, including education, to begin to have a knowledge of the complex situation in which the problem arises is, in effect, the beginning of a knowledge of the laws and principles underlying the problem, which is the fourth aspect of our definition.

The second aspect of the definition specifies that research is systematic or controlled and detailed. That is, the investigation is so ordered that we have considerable confidence in the research outcome. Stated another way, the signal comes through clearly and the information is clearly distinguished from the error in our observation. Statistics is the tool used by the researcher to measure the error in our observations.

The third aspect of the definition of research incorporates the notion that research attempts to discover or confirm facts. Now what a fact is is fairly straightforward. It is something that has happened, an event, a thing or phenomenon. When we look at this definition from a phenomenalogical point of view or from within the perceptual framework of the people doing the perceiving, things are not so simple. It is well established that what people perceive is a function of a great many factors both within the perceiver and in his environment. The more this perception of other than the objectively verifiable becomes pronounced, the more ambiguous the situation. That is, what is considered a fact is not readily apparent to the individual when the situation in which the fact or phenomenon is complex or ambiguous. In a sense then, both the researcher and the individual are concerned with detecting facts. A major difference, however, is that the researcher uses experimental techniques and research design to reduce error and uses statistical techniques to measure the error which remains.

ROLE OF THE RESEARCH COORDINATOR

At the inception of this position, a number of concerns presented themselves as areas in which the person filling this role could made a contribution. In the following, these concerns are presented along with the extent to which they have been met. Possible future trends are also noted.

One area in which the research coordinator has a function is that of helping to bring germinal ideas and plans to fruition. Two assumptions are made here: Teachers, supervisors, etc., have ideas and questions which can be couched in such a way that it is possible to arrive at answers which will benefit not only the person posing the question but the discipline or profession as a whole. The second assumption is that the research coordinator has the wherewithall to help these individuals ask the right questions and obtain the right answer. A project presently drawing to a close in Milwaukee illustrates one outcome of this function. A need had been articulated regarding the differential effect on various educational outcomes of using teacher-aides in intermediate MR classes of varying sizes. Appropriate design, analytical and evaluative procedures and administrative functions were provided by the research section. Similar service has been provided projects in the speech and medical sections of the Division.

A second area in which the research coordinator can make a contribution is in a computerized compilation of all relevant characteristics of all children under the aegis of the Division. A centralization of such accessible data would allow a number of epidemiological and descriptive studies to be undertaken. In addition, such a state of affairs should be an aid in the many administrative decisions which have to be made. Initial attempts in this area have been brought to fruition with the funding of a project, under Title VI of E.S.E.A., entitled Pupil and Personnel Accounting System (PAPAS). This project should, within a year, allow some of the above goals to be met.

Another aspect of the coordinator's role is that of inservice training. Efforts can be directed toward an examination of the reasons as to the "why" of many of the activities and practices in which the Division engages. It is assumed that many, if not most, of the Division's practices have historical or authoritative underpinnings, which, while not necessarily wrong or inadequate, are hardly self-correcting. Self-correction can result when the answers to the "whys" are sought.

Inservice training should also be made available in specific research and evaluation techniques to both Division Personnel and personnel in the field. Up to this point, limited activity has been going on in this area but the need is becoming pronounced with the initiation of the many projects under Title VI of E.S.E.A. Indeed, it should be noted that educational evaluation, on a county-wide basis, has become the focus of considerable amounts of energy and money.

Evaluation, as seen here, has one goal and that is to provide information for effective decision making. Within Title VI and the Division's operations generally, this decision making has as it primary payoff the development and maintenance of demonstrable need-meeting programs for handicapped children in the State of Wisconsin. As with any undertaking this complex, it is desirable to approach it and understand it from a modular point of view with a concern for the levels at which the decision making occurs.

The levels on which decision making occurs in education are essentially four: federal, state, local and within the classroom. Thus, it is important to be able to provide meaningful evaluation results which can be fed back to each of these levels. In addition, program development must be seen as a process which contains the following elements or decision points:

1. **Conceptualization** A specification of the major goals is required at this point. Evaluation involves a determination of the worth (a value judgment) and the feasibility (probability of successful operation or outcome) of the undertaking and its goals.

2. **Articulation** Assuming point one has been passed, then the second point involves a detailed specification of how the goals are to be achieved. Evaluation at this point revolves around a consideration of the procedures and techniques to be used, personnel involved, physical plant and the temporal requirements.

3. **Implementation** The concerns at this point are primarily administrative. Evaluation consists primarily of an ongoing monitoring of the roles and functions of the persons involved in the project.

4. **Production** At this point the concern becomes one of making decision about the adequacy of the output from the program. Typically, the evaluation would take the form of test results, indices of behavior and affect which the goals of the program suggest could be modified. On the basis of the feedback provided by these measures, appropriate program changes can be affected.

The above is an evaluation program spelled out in very broad strokes. The specifics of such a program are presently being identified and appropriate indices developed.

It should be noted that at any one of the four decision points information is required. It was noted previously that the validity of information can be enhanced by research design and the error remaining evaluated by statistics. Hence, research skills and techniques are required throughout the process.

A fourth concern is to develop in the Division a clearinghouse for all research and program development, pertaining to handicapped children, which is going on in the state. Thus models, projects or programs developed in one area can be passed on and implemented in other areas with a minimum of the floundering that usually characterizes efforts to get a project off the ground. This approach should also allow the ready tapping of a pool of consultants who are able to offer meaningful and relevant suggestions. A combined DPI-University project funded under Title III of E.S.E.A. has made this goal a reality. An information retrieval system has been set up so that relevant information on any Title III projects can be obtained within a matter of days. While restricted to Title III projects at the moment, the data bank is being extended to include Title VI projects plus any other programs which interest educators in the state. Russell Way, Coordinator of Title III, has the details concerning the use of this system.

An additional function which has evolved is that of providing consultation services to professionals in the field who are aspiring to higher degrees. This takes the form of help in design, analysis and conceptualization of the research problems. This activity is predicated on the assumption that the manpower shortages in the field seem to justify moving the aspiring student out as soon as possible by whatever means.

GENERAL SUPPORTIVE

TEACHER TRAINING, RECRUITMENT AND CERTIFICATION

The following listing of specific requisites for professional training are to be considered as minimums for basic competency. All teachers are encouraged to complete additional work as indicated by their teaching responsibilities or by program requirements at the particular training institution. It should be stressed that the development of sequential programs leading to certification is the prerogative of the teacher training personnel at the colleges and universities. Anyone desiring certification in one of the areas of specialization should make immediate contact with the university or college personnel responsible for the development of sequential course programming in that area. This action should follow notification of deficiencies after evaluation of complete transcripts by the State Department of Public Instruction.

Guidelines

The definitive statements of philosophy and of the policies and procedures discussed in the preceding sections of this publication provide for the initiation and maintenance of service in the respective areas. It is evident that the ultimate benefit to any particular child or any specific group of children will be determined by qualities and quantities of available people having immediate contact with the child. Thus the selection of a sufficient number of sensitive, qualified personnel is to be considered an essential element in any program of treatment or education.

CURRENT MANPOWER NEEDS IN SPECIAL EDUCATION FOR 1968-69

Area of Handicap	Est. of Prevalence (1) (per cent)	Est. of No. of children in Elem. & Sec. Schools(2)	Preferred Teacher Pupil Ratio (3)
Deaf	.075	715	
and	.575	5,485	7-25
Hard of Hearing (5)	.5.	4,770	(3)
Visually Handicapped	.1	954	10
Crippled & Other Health Disabled	.5	4,770	15
Emotionally Disturbed	2.0	19,080	5-12 (3)
Mental Retardation	2.3	21,942	15
Specific Learning Disabilities	2.0	19,080	8-20 (3)
Speech Handicapped	3.5	33,390	60
TOTALS:	10.975	104,701	

1) Based on unpublished reports by Dr. Romaine Mackie, U.S.O.E. (1966)

2) Projections based on DPI estimates of 1968-69 public school enrollments (954,000)

3) Refers to number of children in classrooms, except "speech handicapped," and in some cases SLD, EDC, Hard-of-hearing, children who may be seen on a resource or itinerant basis, or who may move in and out of a program during a given year.

Est. of No. of Teachers currently employed	Total No. of Teachers Currently Needed (954,000)	Total No. of Teachers Needed in 1970(4) (978,420)	Total No. of Teachers Needed in 1975 (4) (1,012,690)	Total No. of Teachers Needed in 1980 (4) (1,061,910)
120	172	15	23	34
45	49	5	8	13
45	273	11	22	38
69	1,521	45	102	184
1,147	316	129	181	257
25	929	34	80	145
412	556	46	66	94
1.863	3,816	285	482	765

4) Includes corrections for 8% attrition

5) Rough information – limited data available

Developed by Dr. Ken Blessing
September 30, 1968

The following designation of desirable qualities and characteristics is intended to stress the need for a thorough appraisal of potential teachers of handicapped children. The school administrator considers the selection of appropriate staff a basic responsibility in initiation of services and the maintenance of ongoing programs.

In a broad sense, persons who could be recruited for teaching handicapped children should have

1. All the qualities of a good teacher but to a greater extent
2. A mature personality
3. Tolerance for frustration
4. Professional competency, especially in prescriptive teaching.

More specifically, the following characteristics should be sought,

Understanding the child and his problems

Ability to help pupils in their personal adjustment to handicaps

Resourcefulness in meeting needs of the children

Spirit of cooperation with other teachers and other disciplines as a team

Ability to obtain confidence of parents in order to counsel with them

Capacity to accept the child despite his handicap

Flexibility of personality and teaching techniques

Emotional stability

Physical stamina

Desire to continue professional study

Positive attitude toward special education

Empathy and interest in children

Ability to identify and utilize strengths and teach to areas of deficit

Resourcefulness in adapting curriculum

Creative imagination

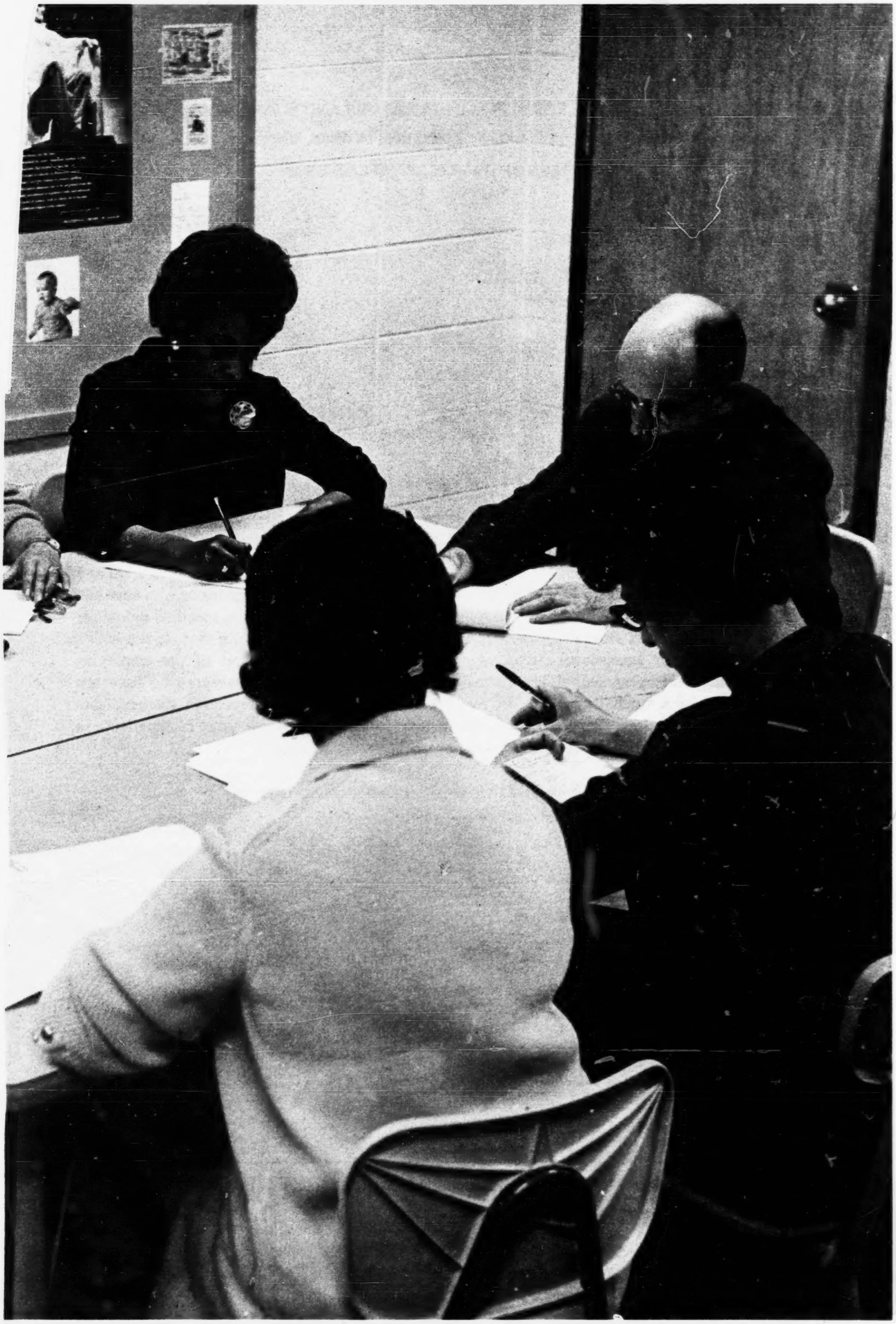
Ability to counsel

Good physical and mental health

Sense of humor

Ethical and professional attitude

Faith in the dignity of the individual



CERTIFICATION STANDARDS FOR SPECIAL EDUCATORS AND SUPPORTIVE PERSONNEL

State Department of Public Instruction, Madison, Wisconsin

TEACHERS OF HANDICAPPED CHILDREN

805 Deaf

809 Mentally Retarded – Trainable

810 Mentally Retarded – Educable

811 Special Learning Disabilities

815 Orthopedic

820 Speech Correction

825 Vision

830 Emotionally Disturbed

850 Homebound

A.

Persons preparing to be teachers of handicapped children must meet the general state requirement of a degree with the pattern approved for college or university of attendance in general education and professional education. Teachers holding a life certificate in another area of teaching or who have had a minimum of three years of successful teaching must satisfy the requirements specified below for regular licensing and must also satisfy the requirement for a bachelor's degree, if they do not hold a life certificate. Under exceptional circumstances, and on the written request of the employing superintendent, a one year special license may be issued to experienced teachers who have not completed the requirements listed here. On completion of the course requirements, the candidate becomes eligible for a three year license. On satisfactory completion of three years of experience in the specialty, the license may be converted to a life certificate.

B. GENERAL PROFESSIONAL TRAINING– 18 semester credits required

*Child or adolescent development
*Group tests and measurements
*Practice teaching with normal children[1]
*Curriculum planning[2]
Methods of Instruction
History of education
Educational sociology
Fundamentals of speech
Audio-visual education
Recreation
Guidance
Kindergarten–primary methods
Educational psychology
Personality adjustment

---

[1] For speech clinicians this is in speech correction with normal children in a public school

[2] For speech clinicians Personality Adjustment is used in lieu

C. GENERAL AREA OF EXCEPTIONAL CHILDREN – 6 semester credits required

*Psychology or nature of exceptional children

Abnormal or clinical psychology

Individual mental testing (survey)

Guidance of exceptional children

Speech correction

Health problems of the exception child

Home and community planning

Administration and supervision of special education

Field work with the exceptional child

Psychological appraisal of the physically handicapped

Teaching of physical education for the handicapped child

D.1 805 – SPECIALIZATION AREA – DEAF – 18 semester credits required

*Practice teaching and observation (deaf)

*Techniques of teaching school subjects (deaf)

deaf

*Speech and speech reading for deaf

*Language problems and development

Advanced problems of speech for the deaf

Anatomy of hearing and speech organs

Auditory training

Audiology (audiometry and hearing aids)

Arts and crafts

D.2 809 or 810 – SPECIALIZATION AREA – MENTALLY RETARDED – 12 semester credits required

*Introduction to mental retardation

*Curriculum and methods of teaching the mentally retarded

*Practice teaching with the mentally retarded

Arts and crafts

Educational problems of the cerebral palsied

Occupational information and guidance for the mentally retarded

Recreation for the mentally retarded

Art education for the retarded

Music education for the retarded

Remedial reading

Curriculum planning for the mentally retarded

Teachers who are fully qualified to hold a Wisconsin license to teach mentally retarded children in grades 1 - 8 or 4 - 8 may have their licenses extended to cover grades 9 - 10. Added requirements will be a course in adolescent psychology and a reasonable pattern of course work in the subject areas to be taught, such pattern to be evaluated by the school district administrator and the state superintendent.

D.3 815 – SPECIALIZATION AREA – ORTHOPEDIC – 12 semester credits required[1]

*Methods of teaching crippled children

*Practice teaching of crippled children

Remedial reading

Kinesiology or physical reconstruction

Survey of pathology of crippling conditions

Techniques of teaching the mentally handicapped

Survey of speech correction techniques

D.4 820 – SPECIALIZATION AREA – SPEECH CORRECTION – 21 semester credits required

*Introductory speech correction and/or language development

*Advanced speech correction

*Techniques of teaching speech correction

*Practicum in speech correction

---

[1] In effect since September 1964. Licensure in D-2 or D-7 may be applicable and should be cleared with the Division.

*Phonetics

*Hearing rehabilitation and/or
acoustic instrumentation

*Organs of speech and hearing

Speech for deaf

Remedial reading

Psychology of speech

> (Note: Clinicians wishing to become competent as an Itinerant Language Specialist need to pursue a specialized fifth year program at the appropriate institution. Persons with educational backgrounds would need D-4 and Curriculum Planning rather than Personality Development.)

D.5 825 - SPECIALIZATION AREA – VISION – 12 semester credits required

*Practice teaching visually handicapped

*Techniques of teaching school subjects
to visually handicapped

*Braille reading and writing

Arts and crafts

Introductory speech correction

Speech for the visually handicapped

Anatomy of the eye

D.6 830 – SPECIALIZATION AREA – EMOTIONALLY DISTURBED – 15 semester credits required

*Methods of teaching the emotionally
disturbed and/or the socially maladjusted

*Practice teaching of disturbed children

*Remediation of learning difficulties

Remedial reading clinic

Internship with disturbed children
(State Superintendent to determine)

Nature and needs of children who are
emotionally disturbed

Practicum in behavior problems

Emotional and personality development
in the elementary school

Child psychiatry

Abnormal psychology

Introduction to mental retardation

Agencies serving emotionally disturbed and/or socially maladjusted children

Arts and crafts

Survey in occupational therapy techniques

Juvenile delinquency

Diagnosis and treatment of pupil adjustment difficulties

Clinical studies in guidance

D.7 811 – SPECIALIZATION AREA – SPECIAL LEARNING DISABILITIES – 12 to 15 semester credits required

Teachers in this area complete the requirements in B and C above plus the specialization work in either D.1, D.1, D.3, D.5, or D.6. In addition, they are required to have course work in:

*Education of the child with special learning disabilities
*Practice Teaching with the Children with special learning disabilities
Nature of Learning Disabilities

D.8 850 – SPECIALIZATION AREA – HOMEBOUND INSTRUCTION

Teachers in this area are required to be eligible for a Wisconsin license to teach in this state during the current year of homebound services. Teachers holding licensure in the appropriate special education categories should be given perference.

SUPPORTIVE PERSONNEL IN SPECIAL EDUCATION

812	**School Occupational Therapist**
817	**School Physical Therapist**
9-802	**Director, Coordinator, Supervisor of Special Education – Level B**
9-801	**Director, Coordinator, Supervisor of Special Education – Level A**
983	**Assistant Monitor – Special Education (Teacher Aide)**

812 SPECIALIZATION AREA – SCHOOL OCCUPATIONAL THERAPIST

For the three year license, the applicant must have completed and/or possess:

A. Certification as an occupational therapist
B. 18 semester credits in professional education or the equivalent as approved by the state superintendent

NOTE: Occupational therapists are not required to be certified by the Department of Public Instruction

817 SPECIALIZATION AREA – SCHOOL PHYSICAL THERAPIST

For the three year license, the applicant must have completed and/or possess:

A. Certification as a physical therapist by the proper Wisconsin certifying agency
B. 18 semester credits in professional education or the equivalent as approved by the state superintendent

> NOTE: Physical therapists are not required to be certified by the Department of Public Instruction. Section 147.185 of the Wisconsin Statutes sets forth provisions for training, licensing and treatment programs. Training program must be "equivalent" to the course at the University of Wisconsin.

9-802 SPECIALIZATION AREA – SPECIAL EDUCATION SUPERVISOR–B (INCLUDING COORDINATOR AND DIRECTOR)

For the three year license, the applicant must be at least 24 years of age and have completed and/or possess:

A. United States citizenship
B. Eligibility to hold a Wisconsin license to teach at the level of supervision
C. Three years of public school teaching at the level of supervision
D. A degree or certification in one area of exceptionality
E. A master's degree
F. Graduate courses in:
    Supervision and Administration of Special Education Programs (3 semester hours)
    Curriculum
    Educational measurement
    Guidance
    Child or adolescent psychology
G. Practicum or Intership in the Supervision and Administration of Special Education. (Equivalency credits may be substituted by the state superintendent upon submission of evidence of competency in this area.)
H. A recommendation of competence by a recognized training institution.
I. Life certification may be issued to those successfully completing two post master's degree courses in special education of at least two credits each and by submission of evidence of successful work as a special education supervisor, coordinator or director of three or more years in Wisconsin public schools while holding the appropriate three year Level B license.

9-801 SPECIALIZATION AREA – SPECIAL EDUCATION SUPERVISOR–A (INCLUDING COORDINATOR AND DIRECTOR)

For the three year license, the applicant must have completed and/or possess:

A. The requirements for Level B certification
B. A recommendation by the training institution that the applicant has attained a sixth year specialist's degree in special education *or* its equivalent of one year's post master's work in special education. Completion of 18 hours of post master's work in the broad areas of exceptionality shall be construed as meeting this requirement. A minimum of 12 hours of this work must be in special education areas other than the original area of specialization in special education.

C. Life certification may be issued to those submitting evidence of successful work as a special education supervisor, coordinator, or director for three or more years in Wisconsin public schools while holding the appropriate three year Level A license.

983 SPECIALIZATION AREA – ASSISTANT MONITOR – SPECIAL EDUCATION

Issued for teacher aide activities coordinated and supervised by a fully qualified professional special educator. The three year license may be issued to persons with three years experience supervising structured youth activities

or

to a person who has completed three years of college credit and is at least 20 years of age. (Equivalency combinations of experience and training should be cleared with the Division office.)

TEACHER TRAINING INSTITUTIONS

Teachers of Deaf

University of Wisconsin-Milwaukee

Teachers of Mentally Retarded

Cardinal Stritch College (St. Coletta School)
Carthage College, Kenosha
University of Wisconsin
University of Wisconsin-Milwaukee
Wisconsin State University-Eau Claire
Wisconsin State University-Oshkosh
Wisconsin State University-Whitewater

Teachers of Orthopedically Handicapped

University of Wisconsin

Speech Correctionists

Marquette University
University of Wisconsin
University of Wisconsin-Milwaukee
Wisconsin State University-Eau Claire
Wisconsin State University-Oshkosh
Wisconsin State University-River Falls
Wisconsin State University-Stevens Point
Wisconsin State University-Whitewater

Itinerant Language Specialists

University of Wisconsin
University of Wisconsin-Milwaukee

Teachers of Visually Handicapped

University of Wisconsin (Summer Program at Wisconsin School for the Visually Handicapped, Janesville, Wisconsin)

Teachers of Emotionally Disturbed

University of Wisconsin
University of Wisconsin-Milwaukee
Wisconsin State University-LaCrosse

Teachers of Special Language/Learning Disabilities

University of Wisconsin
University of Wisconsin-Milwaukee

Directors, Coordinators, Supervisors of Special Education

University of Wisconsin
University of Wisconsin-Milwaukee

Wisconsin Training Institutions for Physical Therapists

Marquette University
University of Wisconsin

APPENDIXES

WISCONSIN STATUTE 115.82

115.82 Admission, Tuition and Transportation (Revised from old statute 41.01). (1)(a) Handicapped children residing outside the area served by a program established under s. 115.81 may be admitted to the program as nonresidents.

(b) Handicapped children residing within or outside a school district may be admitted to special programs for handicapped children which are available in the school district according to standards of eligibility determined by the Division and according to available facilities. A handicapped child, including a preschool handicapped child, who resides in a school district which does not maintain a program for children with his handicap and is eligible to attend special schools, classes or centers, may be admitted as a nonresident. The basis for enrollment in an orthopedic school of a crippled child who lives within or outside the school district shall be his need for special school facilities because of his inability to walk or to climb stairs or his need for supervision or treatment as provided at such schools. Only children who are mentally capable of benefiting from the regular academic course or a special education curriculum shall be admitted to orthopedic schools.

(2) Tuition shall be charged nonresidents admitted to special programs for handicapped children in accordance with this section. For each part of a program, the tuition for a nonresident handicapped child shall be determined on the basis of costs, aids and children in such part for the preceding year by adding together the total costs of items reported under s. 115.85(1) and the actual cost of operation and maintenance not so reported, subtracting federal, state and county aids and then dividing this amount by the number of children in average daily membership.

(3) In counties having a population of less than 500,000, if a handicapped child resides in a school district or county which does not maintain a special school, class or center for children with his handicap and attends a special school, class or center in another school district or county, tuition therefore shall be chargeable under this subsection.

(a) Annually on or before August 1, the school district clerk and the secretary of the county handicapped children's education board shall file with the clerks of the county and the city, village or town of residence of nonresident handicapped children admitted to the program of the school district or county a sworn statement of claim for tuition therefor against the county. The claim shall set forth the residence, name, age, date of entrance and number of weeks attendance during the preceding school year of each such child, the amount of tuition to which the school district or board lays claim for each such child and the total amount of tuition due the school district or board from the county. The county clerk shall examine the claims for the purpose of determining their accuracy and legality and may call upon school, county or local officials to supply data which will verify the claims.

(b) After examining the claims, the county clerk shall notify the school district clerk or secretary of the board of the result of his examination. If corrections are necessary, the county clerk shall notify the school district clerk or secretary of the board who shall meet with the county clerk, at the expense of the school district or board to make the corrections. The county clerk then shall apportion the amount of the claims, for each type of handicap, on the basis of the ratio of the equalized valuation of that portion of each municipality within the county that lies outside of the territory served by all programs for children with that handicap that are operated by school districts or pursuant to s. 115.81 to the total equalized valuation of all the territory in the county that lies outside of the territory served by all programs for children with that handicap operated by school districts or under s. 115.81 and shall certify that amount to clerks of such municipalities.

(c) Upon receipt of the certification from the county clerk, each municipal clerk shall spread the amounts thereof upon the tax rolls for collection. When taxes are collected, such amounts shall be paid by the county treasurer to the treasurer of each school district or county handicapped children's education board to which due, subject to the priority given to high school tuition under s. 74.03(5).

(4) In counties having a population of 500,000 or more, the school district of residence shall pay tuition charges for handicapped children as provided in par. (a) or (b).

(a) Annually on or before August 1, the school district clerk shall file with the clerk of the school district of residence of such nonresident children who reside in school districts that lie wholly or partially in counties having a population of 500,000 or more a sworn statement of claim against the school district of residence. The claim shall set forth the preceding school year of each such child, the amount of tuition to which the school district lays claim for each such child, and the total amount of tuition due the school district of attendance from the school district of residence. After examining the claim and verifying it, the clerk of the school district of residence shall cause reimbursement to be made to the treasurer of the claimant school district as other claims are paid.

(b) Any 2 or more school districts, by written agreement of their school boards, may admit residents of the other school districts to any phase of the program for handicapped children and waive all claims for tuition for such admittance.

(5) If a handicapped child residing in a school district which maintains a special school, class or center for children with his handicap, attends a special school, class or center in another school district, tuition therefor shall be charged his parent or guardian unless the state superintendent and the school district administrator have approved his transfer. If the state superintendent and the school district administrator approve the transfer of a child to an equivalent special school, class or center in another school district for good reason to serve the best interests of the child, he thereby becomes eligible to attend such school, class or center and tuition therefor shall be paid by the school district of his residence.

Your attention is directed to the following: Suggested Criteria for Tuition Computation for Special Departments and Special Class Tuition Claim – Form PI-FS-SCT. Please feel free to duplicate.

SUGGESTED CRITERIA FOR TUITION COMPUTATION FOR SPECIAL DEPARTMENTS

(SEE SPECIAL CLASS TUITION CLAIM FORM – FORM PI-FS-SCT SEE PAGE A, B & C)

The explanation under disbursements and receipts should assist the local district in determining tuition charges for classes in special education.

Tuition Charges

Disbursements - Current Costs Chargeable to Class in Special Education

B. 1. Administration

This total is determined by dividing the total costs included on Line 240 of Annual Report Form 5 by the total ADM and multiplying the result by the ADM of the Special Department for which tuition is being claimed.

B. 2. Instruction

a. Salaries: Special program teachers, substitute teachers, assistant monitors and prorated portions of principal's salary.

b. Supplies: Supplies and materials purchased for the Special Class only.

c. Other Supplies and Expenses: Add the costs included on Lines 269, 279, and 289 of the Annual Report, subtract item (b), divide the difference by the total ADM, and multiply the quotient by the ADM of the Special Class.

d. Total instruction equals the sum of a, b and c.

B. 3. Attendance

This total is determined by dividing the total costs included on Line 300 of Annual Report Form 5, by the total ADM and multiplying the quotient by the ADM of the Special Class.

B. 4. Health

a. Salaries of therapist assigned to the Special Class.

b. Salaries of matrons assigned to the Special Class.

c. Other Expenses: Subtract items (a) and (b) from the total costs included on Line 310 of the Annual Report Form 5 and divide the difference by the total ADM and multiply the quotient by the ADM of the Special Class.

B. 5. Operation

This total is determined by dividing the total cost included on Line 390 of the Annual Report Form 5, by the total ADM and multiplying the quotient by the ADM of the Special Class.

B. 6. Maintenance

This total is determined by dividing the total cost included on Line 440 of the Annual Report Form 5, by the total ADM and multiplying the quotient by the ADM of the Special Class.

B. 7. Fixed Charges

To determine this figure divide the total costs included on Line 480 of the Annual Report Form 5 by the total ADM and multiply the quotient by the ADM of the Special Class.

B. 8. School Lunch

This cost is determined by dividing the net cost of food service included on Line 490 of the Annual Report Form 5 by the total ADM and multiplying the quotient by the ADM of the Special Class.

Current Receipt Deductions

C. 1. State Aid for Special Classes:

State aid receipts for special classes should not include payments received for transportation, board or lodging. Line 52 of Annual Report Form 5.

C. 2. County Aid:

The payment made for county aid to be credited to special classes is derived by taking the average daily membership for each type of special class and dividing by 25. This number is to be multiplied by $350.00 and entered under the county aid receipt.

C. 3. Other Receipts:

Itemize any other receipts that can be specifically allocated to the special class area.

FI-FS-SCT
10C–1968

SPECIAL CLASS TUITION CLAIMS
ORTHOPEDIC, DEAF, SIGHT, MENTALLY RETARDED, EMOTIONALLY DISTURBED, SPECIAL LEARNING DISABILITY TUITION CLAIMS

Type of Handicapped Class ____

Distribution:

1. Complete and mail one copy to State Superintendent on or before August 1.
2. On or before August 1, mail one copy to the county clerk of residence.
3. On or before August 1, mail one copy to the clerk of the town or village of residence. The clerk of the town or village shall report any errors together with information for corrections to the county clerk within ten days and the county clerk shall call in the district clerk to make corrections if necessary. (Tuition claims for Handicapped Children Who Lived in Foster Homes should not be sent to the county and town clerks. These claims should be sent directly to the Aids Division of the Department of Public Instruction.)

To ______________________ Clerk, County of ______________________

The following computation of non-resident tuition was made according to Section 115.82 from

expenditures chargeable to special classes ______________________ handicapped children

operated by the school district ____

for the school year 19 _____ to 19 _____.

A. Membership

1. Total Average Daily Membership including Summer School. . . . . ____________
2. Average Daily Attendance of Special Class resident & non-resident. . . . . . ____________
3. Total number of days of membership or resident and non-resident

   children attending Special Class ____________
4. Number of days in school year ____________
5. Average Daily Membership (Line 3 divided by Line 4). . . . . ____________

B. Tuition Charges–Current Costs Chargeable to Class in Special Education

1. Administration . . . . ____________
2. Instruction . . . . $ ____________

3. Attendance .... $ ____________

4. Health (Therapist $ _____ Matron $ ____ Other $____) . $ ____________

5. Operation .... $ ____________

6. Maintenance .... $ ____________

7. Fixed Charges .... $ ____________

8. School Lunch .... $ ____________

9. Total (Lines 1-8 inclusive)... $ ____________

C. Current Receipt Deductions of Class in Special Education

1. State Aid (other than transportation or board and lodging) .... $ ____________

2. County Aid .... $ ____________

3. Other Receipts, Gifts, etc. (Please itemize)

   ____ $ ____________

4. Total Tuition Receipt Deductions .... $ ____________

D. Net Current Total Tuition Cost (Line B-9 minus C-4) .... $ ____________

E. Current Per Pupil Cost Per Day (Line D divided by A-3) .... $ ____________

Col. 1	Col. 2	Col. 3	
Number of Tuition Pupils Enrolled in Special Class (Col. 1-Page 2)	Total No. of Days of Membership of Tuition Pupils (Col. 6-Page 2)	Current Cost Per Day (Line E)	Total Tuition Claim (Col. 2xCol. 3)

Tuition Register and Claim For
Non-Resident Children Attending Special Classes

Pupil Data

	1	2	3	4	5	6	7
No.	Name of Pupil	Name of Township	Age	Grade	Date of Entrance	No. Days Membership	Corrections
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
Total		XXXXXXX	XX	XXXX	XXXXX		

The undersigned officer of School District No. ___ being duly sworn, deposes and says that the above tuition claims are true according to the best of his knowledge and belief.

Subscribed and sworn to before me this

___ day of ______________ , 19 ___

Clerk ______________________________

P. O. ______________________________

Subscribed and sworn to before me this

_____ day of ____________, 19 ___

____

Notary Public

My commission expires ____________

Clerk ______________________________

P.O. ______________________________

Mail Checks to:

__________________________, Treasurer

Dist. No. ___________________________

P. O. ______________________________

To be completed by Clerk of Town or Village of residence only and to be mailed to County Clerk not later than August 10. (Tuition claims for Handicapped Children who live in Foster Homes should not be sent to the county and town clerks. These claims should be sent directly to the Aids Division of the Department of Public Instruction.) If no corrections are made, detach and mail to County Clerk. If corrections are necessary, mail entire page. The students listed on Page 2 of Form PI-FS-SCT–Special Class Tuition, have been checked and have been found: (check one)

________________ Correct as submitted by ____________, School Dist. No. ____________

________________ Have been corrected for ____________, School Dist. No. ____________

See Form PI-FS-SCT, Page 2, and note correction in Column 7.

Signed ______________________________
Town or Municipal Clerk

P. O. ______________________________

SCHOLARSHIPS FOR HANDICAPPED STUDENTS

BLIND STUDENTS

115.56 **SCHOLARSHIPS FOR BLIND STUDENT.** Under the direction of the superintendent of the school for the visually handicapped and subject to the approval of the state superintendent, any blind person who has been a resident of this state for at least 5 years preceding application for aid under this section and who is a regularly enrolled student in any university, college or conservatory of music may receive aid for the purposes of defraying tuition and other necessary expenses, including a reader, while in attendance at the university, college or conservatory of music. The aid to any such person shall not exceed $400 in any one year, nor shall the total aid exceed $2,000.

NOTE: Restates s. 41.76.

DEAF AND HARD OF HEARING STUDENTS

115.57 **SCHOLARSHIPS FOR DEAF AND HARD OF HEARING STUDENTS.** Under the direction of the Division for Handicapped Children and subject to the approval of the state superintendent, any deaf or hard of hearing person who has been a resident of this state for at least 5 years preceding application for aid under this section and who is a regularly enrolled student in any university or college may receive aid for the purposes of defraying tuition and other necessary expenses while in attendance at the university or college. The state superintendent shall set standards to determine the amount to be granted. The aid to any such person shall not exceed $500 in any one year.

NOTE: Restates s. 41.77.

PUBLIC LAW 88-164 - TITLE III

Increasing emphasis on equality of educational opportunity has turned national attention toward improving the education of the handicapped. Even though a growing number of State legislatures have subsidized programs for handicapped children in the public schools, the shortage of qualified personnel has made it difficult for public schools to either establish or expand special programs.

Some five or six million school-age handicapped children in the nation require special programs designed to meet their unique needs in the fields of education and training. Approximately one-fourth of these children are enrolled in special programs in local public school systems. About 200,000 specially trained educators are needed as teachers or as supervisors to train teachers, direct programs or teach in colleges and universities which train teachers to work with the handicapped. Only 50,000 to 60,000 suitable trained professional persons are now available.

The Federal Government first acted to relieve this personnel shortage in 1958 when the Congress passed Public Law 85-926 which, as amended in 1959, authorized an appropriation of $1 million a year to assist colleges and universities and State education agencies in the training of leadership personnel in the education of the mentally retarded. In September, 1961, Public Law

87-276, which has now expired, was enacted establishing a limited program of grants-in-aid to institutions of higher education for the preparation of teachers of the deaf. Public Law 88-164 was signed into law in 1963 and expanded the provisions of Public Law 85-926, to include preparation of professional personnel in all areas of the handicapped, i.e., children who are mentally retarded, deaf, speech and hearing impaired, visually handicapped, seriously emotionally disturbed, crippled or other health impaired children. Public Law 89-105 further amended Public Law 85-926 and extended the program through fiscal year 1969, increasing the authorization and allowing for the participation of Guam, the Virgin Islands, American Samoa, Puerto Rico and the District of Columbia as State education agencies.

Programs available under Public Law 88-164 include part-time, institute and full-time academic training at the undergraduate and graduate level. Over 13,000 persons received this training during 1967-68.

*Some information taken from manual received by the Division for Handicapped Children from the U.S. Department of Health, Education and Welfare.

THE TITLE VI-A, ESEA PROGRAM IN WISCONSIN

DEFINITION OF TITLE VI

Title VI–A is a 1966 Amendment to the Elementary and Secondary Education Act of 1965 and is designed for educational programs and services for all types of handicapped children at the preschool, elementary and secondary levels from both public and private schools. Included in this definition would be those handicapped children who may be mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, crippled or other health impaired children who by reason therof require special education and related services. Children who have severe learning disabilities based on physiological rather than sociological factors are included within this definition.

TITLE VI – PROGRAM POSSIBILITIES

Title VI–A may be used for direct or indirect programs or services involving the *initiation, improvement* or *expansion of* educational programs for all types of handicapped children within this context. Individual items for funding may include salaries, materials/equipment, transportation, consultant fees, housing, lunches, psychological services, inservice training for teachers, remodeling, construction, etc. In fact, it would seem possible that Title VI–A may be logically used for almost any justifiable expenditure involving programs for handicapped children.

OPERATION OF TITLE VI FUNDED PROGRAMS

Title VI–A programs may be operated by a Local Educational Agency (LEA = a district, a County Handicapped Children's Education Board or a Cooperative Educational Service Agency), by two or more LEA's, by a State Educational Agency (SEA), by a SEA and an LEA or by two SEA's. In order to have a program funded under Title VI–A, a proposal must be developed by the submitting agency which would spell-out the purpose, the goals, the operational procedures, evaluation procedures, budget, etc., of the program in question. This proposal is then forwarded to the Title VI Administrator for screening, review and possible funding.

ADMINISTRATIVE STRUCTURE OF TITLE VI

The Administrative structure of Title VI involves the U.S. Office of Education at the Federal level, the State Department of Public Instruction at the State level and the local educational agency at the project operation level.

At the federal level, Title VI is located at the U.S. Office of Education in the Bureau of Education for the Handicapped in the Aids to the States branch.

Through the development of a State Plan, money is awarded to the state by nature of a grant award document. The Title VI program is located within the Division for Handicapped Children of the Department of Public Instruction. There is an administrator assigned to carry on the program aspects of Title VI and the Special Education Supervisors of the Division for Handicapped Children serve as the field supervisors for Title VI. The supervisors, in turn, work directly with LEA's in the development and submission of proposals for the operation of programs for handicapped children at the local level. These programs, in turn, are reviewed by a Screening Committee made up of Division personnel and readers from outside of the Department of Public Instruction. Proposals passing through the Screening Committee are referred to the Review Committee made up of DPI personnel who pass judgment on the value of the proposal in question.

There is an Advisory Committee made up of 13 persons from outside the DPI who function to offer direction and guidance for the entire Title VI program. The school oriented professional persons from public and private schools as listed below have been appointed to the Title VI Advisory Committee by Mr. William Kahl, State Superintendent of Public Instruction:

Miss Dorothy Balliet
Special Education Consultant
Cooperative Educational Service
Agency No. 12
County Administration Building
Portage, Wisconsin 53901

Dr. E. Donald Blodgett
Executive Director
Special Education
Milwaukee Public Schools
5225 West Vliet Street
Milwaukee, Wisconsin 53208

Mrs. Dorothy Branham
904 North Wilson Avenue
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Mrs. Romaine Reed
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Mr. William H. Spears
Superintendent of Schools
Appleton Public Schools
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Mr. Donald E. Upson, Coordinator
Cooperative Educational Service
Agency No. 17
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Father James G. Kramer
Diocesan Superintendent
Department of Education
Diocese of Madison
25 South Hancock Street
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Mr. Bernard Stumbras, Chief
Volunteer Agency Services Section
Division for Children and Youth
Department of Health and Social Services
Room 384
State Office Building
1 West Wilson Street
Madison, Wisconsin 53702

Local public school educational agencies (LEA) may submit a proposal based on needed programs for handicapped children within their respective school area, including a district, a county or a CESA area. If a project is funded, then the operator of the local LEA program is responsible for all operational aspects including control of the program, funds, equipment, evaluation, reporting, etc. and is encouraged to work directly with private school programs to involve their handicapped children.

PROJECTED NEED FOR TITLE VI IN WISCONSIN

With available data, it would appear that Wisconsin is now serving approximately 72,000 handicapped children in public and private schools and agencies. (Including 55,000 children in public school programs.) Based on national statistical averages, it would appear that Wisconsin has approximately 64,000 children who are in need of appropriate special educational services. In turn, there is need for approximately 4,800 personnel including teachers, teacher aides, psychologists, social workers, etc. to adequately staff programs involving this projected need.

In terms of dollars, this would suggest that to operate programs based on the projected need, Wisconsin could use an additional $35 million at the state level and an additional $35 million at the local level.

TITLE VI GOALS FOR WISCONSIN

It is the general goal for the Title VI operation in Wisconsin to provide adequate and appropriate educational and other services for all types of handicapped children at the preschool, elementary and secondary levels from public and private schools, agencies and institutions.

In order to achieve this goal, it is necessary for the Title VI operation to work in a cooperative way with many agencies and programs: public and non-public schools; Day Care operations; Sheltered Activity operations; Vocational Rehabilitation programs; institutions for handicapped children; institutions of higher learning with respect to teacher training programs; all other federal programs which have possibilities for handicapped children including, Titles I, II, III of ESEA and 89–313 of Title 1; Crippled Children's program and with the operational aspects of state programs involving our current state aid formula.

PRIORITIES FOR PROGRAM OPERATION AND SELECTION FOR TITLE VI FUNDING

Since it is impossible to immediately develop programs for handicapped children in relation to the current needs, it is necessary to operate on the basis of priorities. Generally, priorities were established around a cluster of problems involving the Special Education program. Five clusters of problems were established for Wisconsin:

1. Administrative aspects - program development including programs for various types of handicapped children;
2. Planning and coordination - involving planning at the state and local level;
3. Identification of handicapped children throughout the state;
4. Problems related to the education of the handicapped, both at the teacher training level and at the classroom level;
5. Problems involving the adequate fulfillment of necessary materials and supplies for special class programs.

In approval of proposals submitted by LEA's for Title VI funding, consideration is given to three large priority areas:

1. Those programs involving aspects of leadership which, in essence, add a locally trained Special Education director, supervisor or coordinator in a regional area;
2. Those projects involving indirect back-up services in regional areas or large school districts and would include such things as Special Education Instructional Materials Centers, evaluation and identification of handicapped children at the local and state level, state curriculum projects and etc.
3. Projects involving new and unique Special Education programs which are exemplary in nature, including programs for multiply handicapped children, programs offering instructional services for various handicapping conditions and specialized instructional services of a unique nature.

FUNDING STRUCTURE FOR TITLE VI

Title VI is a non-allocated type of funding program and as such there is no specific basis for approval of projects submitted by LEA's other than by review of a submitted proposal which is based on program needs for handicapped children.

Title VI is a new ESEA program and as such the authorization made by Congress far exceeds the actual appropriation made to the U.S. Office of Education:

U. S. Office of Education Allocation

Fiscal Year	U. S. Authorization	U. S. Appropriation	Appropriation Percentage	Wisconsin Appropriation
1967	$50 million	$2.425 million	4.4%	$47,801
1968	$150 million	$14.25 million	11.85%	$288,659
1969	$162.5	$32 million (Budget Request)	19.7%	$500-600,000 (?)

The appropriation of funds to Wisconsin under the Title VI program is based on a two per cent factor of the total appropriation for the entire Federal allotment:

Wisconsin

Fiscal Year	Expenditures	Percentage of Appropriation
1967	1. Administration = $47,801.00	100%
	2. Projects = ——	---
	Total $47,801.00	
1968	1. Administration = $ 18,067.00	6.3%
	2. Projects	
	a. LEA (17) = 172,992.00	59.9%
	b. SEA (2) = 97,600.00	33.8%
	Total = $288,659.00	

KEY CONCEPTS IN THE OPERATION OF TITLE VI

Title VI is a new Federal program and has some program elements that are similar to Titles I and III of the Elementary and Secondary Education Act. While some of the program elements are similar, Title VI has many unique operational aspects and basic philosophical concepts. As such, generalities regarding program comparisons with Titles I and III should be avoided. There are several important or key concepts involved in the Title VI program:

1. Title VI is non-allocated in its funding structure implying that there are no particular funds or no ongoing funding periods for any particular LEA; funds are appropriated to LEA projects by nature of acceptance of a written proposal spelling out services and needs for handicapped children;
2. Title VI is designed for child benefit and is not meant to be a paper operation and, as such, emphasis is made on direct services for handicapped children;
3. Title VI projects should include handicapped children from both public and private schools;
4. Title VI programs should be large and comprehensive enough to show strong possibilities for program success and achievement for children and for the operating LEA;
5. Title VI money is not meant to replace present sources of funding and, as such, there is a need for a maintenance of effort on the part of the operating district;
6. Since Title VI money has its source at the federal level, there must be public control of funds and property, but, as such, this does not prohibit the involvement of handicapped *children* from private schools;
7. Since there are handicapped children in all areas of society, there should be strong emphasis on coordination of funds and programs from all public and private schools, agencies and institutions and all possible sources of funding should be considered;
8. Since Title VI is designed to be administratively operated by that portion of the State Department of Public Instruction which now serves handicapped children, it follows that all programs funded under Title VI must therefore follow state regulations with respect to certification of teachers, placement of children, evaluation of programs, funding measures, etc., as is current practice within the Division for Handicapped Children,

ADDITIONAL SOURCE OF INFORMATION ON TITLE VI

Additional information about the Title VI program or information on the development of a Title VI proposal may be obtained by contacting the Administrator of Title VI, Division for Handicapped Children, Department of Public Instruction, 126 Langdon Street, Madison, Wisconsin 53702: Telephone: 608–266–2841.

STAFF

Division for Handicapped Children

John W. Melcher, Administrator	266–1649
Louis C. Bloch, Administrative Assistant	266–3892

BUREAU FOR SPECIAL EDUCATION

Kenneth R. Blessing, Ph.D., Director of Special Education	266–1781
Victor J. Contrucci, Program Chief, Emotionally Disturbed, Mentally Retarded	266–1787
John J. Cook, Ph.D., Research Consultant	266–1782
James H. Despins, Special Education Supervisor, Mentally Retarded	266–1785
Beverly Kochan, Special Education Supervisor, Emotionally Disturbed	266–1800
Patrick Pflieger, Special Education Supervisor, Mentally Retarded	266–1785
Alverna M. Robinson, Special Education Supervisor, Mentally Retarded	266–1784
Samuel D. Milesky, Special Education Supervisor, Deaf and Visually Handicapped	266–1786
Kathleen A. Rueber, Social Work Consultant, Deaf and Visually Handicapped	266–1786
Gretchen M. Phair, Speech Correction Supervisor	266–1783
Vernon J. Smith, Speech Correction Supervisor	266–1783
Thomas J. Scharf, Special Education Supervisor, Special Learning Disabilities, Orthopedic and Homebound Instruction	266–1800
Charlotte J. Richards, Program Administrator, P.L. 88-164	266–3338
Kathleen Cole, Administrative Assistant, P.L. 88-164	266–3338
John H. Stadtmueller, Administrator, ESEA Title VI	266–2841
Kenneth McMahon, Instructional Media Specialist	266–3356
Robert Sterrett, Project Associate	266–1029
Paul Zagorski, Project Associate	266–2819

BUREAU FOR CRIPPLED CHILDREN

Horace K. Tenney, III, M.D., Medical Director	266–3886
Elie M. Asleson, Coordinator	266–3887
Lillie M. Bachanz, Handicapped Children Consultant	266–3889
LaVerne Baker, Handicapped Children Consultant	266–3504
Fae A. Henry, Handicapped Children Consultant	266–3889
Gertrude Leveille, Handicapped Children Consultant	266–3505
Lois M. Mitchell, Handicapped Children Consultant	266–3888
Janet Ruhde, Handicapped Children Consultant	266–3888
Margaret L. Walter, Handicapped Children Consultant	266–3885
Clark Edwards, Hearing Consultant	266–3356
M. Elizabeth Suliver, Hearing Consultant	266–3890
Orvin E. Walsvik, Hearing Consultant	266–3890
Virginia A. Stephenson, Child Welfare Consultant	266–3891
Elynore Wegner, Medical Social Consultant	266–3891

WISCONSIN SCHOOL FOR THE VISUALLY HANDICAPPED–Janesville 754–4487
Raymond E. Long, Superintendent

WISCONSIN SCHOOL FOR THE DEAF–Delavan 728–2677
Kenneth F. Huff, Superintendent

GEOGRAPHIC AREAS OF ASSIGNMENT

In order to help the teacher or administrator locate the appropriate Division consultant, the following list gives area of responsibility by county. The vertical columns represent specific areas: MR is mentally retarded; MS is medical services; SP is speech; HC is hearing conservation; and ED is emotionally disturbed.

COUNTY	MR	MS	SP	HC	ED
ADAMS	PP	MW	VS	OW	BK
ASHLAND	AR	GL	GP	OW	BK
BARRON	JD	LBB	GP	OW	BK
BAYFIELD	AR	GL	GP	OW	BK
BROWN	PP	LM	GP	OW	BK
BUFFALO	AR	GL	VS	MS	BK
BURNETT	JD	GL	GP	OW	BK
CALUMET	PP	FH	GP	OW	BK
CHIPPEWA	AR	LBB	VS	MS	BK
CLARK	AR	LBB	VS	MS	BK
COLUMBIA	PP	MW	VS	OW	BK
CRAWFORD	AR	LB	GP	OW	BK
DANE	VC	LB	GP	MS/OW	BK
DODGE	PP	GL	GP	MS	BK
DOOR	PP	LM	VS	OW	BK
DOUGLAS	AR	GL	GP	OW	BK
DUNN	AR	LBB	VS	MS	BK
EAU CLAIRE	AR	LBB	VS	MS	BK
FLORENCE	PP	LM	GP	MS	BK
FOND DU LAC	PP	FH	BP	OW	BK
FORREST	PP	LM	GP	MS	BK
GRANT	AR	LB	GP	OW	BK
GREEN	VC	MW	GP	OW	VC
GREEN LAKE	PP	MW	GP	OW	BK
IOWA	AR	LB	GP	OW	BK
IRON	AR	GL	GP	OW	BK
JACKSON	AR	GL	VS	MS	BK
JEFFERSON	JD	LB	GP	MS	BK
JUNEAU	PP	MW	VS	MS	BK
KENOSHA	JD	LB	VS	MS	BK
KEWAUNEE	PP	LM	GP	OW	BK
LACROSSE	AR	GL	VS	MS	BK
LAFAYETTE	AR	LB	GP	OW	BK
LANGLADE	JD	LM	VS	MS	BK
LINCOLN	JD	LM	VS	MS	BK

COUNTY	MR	MS	SP	HC	ED
MANITOWOC	JD	MW	VS	MS	BK
MARATHON	JD	LBB	VS	MS	BK
MARINETTE	PP	LM	GP	MS	BK
MARQUETTE	PP	MW	VS	OW	BK
MENOMINEE	PP	LM	GP	MS	BK
MILWAUKEE	VC	FH	GP	MS	VC
MONROE	AR	LB	VS	MS	BK
OCONTO	PP	LM	GP	MS	BK
ONEIDA	JD	LM	VS	MS	BK
OUTAGAMIE	PP	LM	VS	OW	BK
OZAUKEE	VC	MW	GP	MS	VC
PEPIN	AR	LBB	VS	MS	BK
PIERCE	AR	LBB	VS	MS	BK
POLK	JD	LBB	GP	OW	BK
PORTAGE	JD	MW	VS	OW	BK
PRICE	JD	LM	VS	OW	BK
RACINE	JD	FH	VS	MS	BK
RICHLAND	AR	LB	GP	OW	BK
ROCK	JD	LB	VS	MS	BK
RUSK	JD	LBB	GP	OW	BK
ST. CROIX	AR	LBB	VS	MS	BK
SAUK	PP	LBB	VS	OW	BK
SAWYER	AR	GL	GP	OW	BK
SHAWANO	PP	LM	GP	MS	BK
SHEBOYGAN	JS	FH	GP	OW	BK
TAYLOR	JD	LBB	VS	OW	BK
TREMPEALEAU	AR	GL	VS	MS	BK
VERNON	AR	LB	GP	OW	BK
VILAS	JD	LM	VS	MS	BK
WALWORTH	JD	LB	VS	MS	BK
WASHBURN	JD	GL	GP	OW	BK
WASHINGTON	JD	FH	VS	MS	BK
WAUKESHA	JD	FH	VS	MS	BK
WAUPACA	PP	MW	VS	MS	BK
WAUSHARA	PP	MW	VS	OW	BK
WINNEBAGO	PP	LM	VS	OW	BK
WOOD	JD	MW	VS	MS	BK

The following consultants have state-wide responsibility: Virginia Stephenson, Boarding Homes and Orthodontia; Elynore Wegner, Medical Social; Elie Asleson, Cardiac Program; Thomas J. Scharf, Special Learning Disabilities, Orthopedic and Homebound Instruction; Samuel Milesky, Hearing and Vision; Kathleen Rueber, Social Work; Janet Ruhde, Pediatric Nursing; John Stadtmueller, Title VI; and John Cook, Research and Evaluation. The Cystic Fibrosis Program is divided between Margaret Walter, who handles cases thru Milwaukee Children's Hospital, and Gertrude Leveille, who works thru University Hospitals, Madison.

CESA	MR	ED	SP
1	AR	BK	GP
2	JD	BK	VS
3	PP	BK	GP
4	JD	BK	GP
5	AR	BK	VS
6	AR	BK	VS
7	JD	BK	VS
8	PP	BK	VS
9	PP	BK	VS
10	PP	BK	GP
11	AR	BK	VS
12	PP	BK	VS
13	PP	BK	GP
14	AR	BK	GP
15	VC	VC	GP
16	JD	BK	VS
17	JD	BK	VS
18	JD	BK	VS
19	VC	VC	GP

STAFF TELEPHONE NUMBERS

BK Kochan	6–1800	Room	725
CR Richards	6–1784		726
EA Asleson	6–3887		630
FH Henry	6–3889		604
GL Leveille	6–3504		602
GP Phair	6–1783		724
JD Despins	6–1785		727
KR Reuber	6–1786		723
LB Bachanz	6–3889		604
LBB Baker	6–3504		602
LM Mitchell	6–3888		603
MS Suliver	6–3890		614
MW Walter	6–3885		605
OW Walsvik	6–3890		614
PP Pflieger	6–1785		727
SM Milesky	6–1786		723
VAS Stephenson	6–3891		615
VC Contrucci	6–1787		728

Publications of the Division for Handicapped Children's Services

A Developmental Vocabulary Check-List for the Mentally Retarded, 1963, 7 pp., a basic functional vocabulary list for use in special education classes.

Readiness Activities for Retarded Children With Emphasis on Perceptual Training, 1957, 20 pp., a description of activities and techniques for preparing the brain-injured child for an academic program.

The Rationale Behind Grouping for Instructional Purposes, revised 1968, 5 pp., individual mental development in relation to grouping procedures for instruction–an explanation.

Revised Bibliography on Mental Retardation, 1964, 50 pp., a comprehensive list of the major references in the education of the mentally retarded.

A Potpourri of Ideas for Teachers of the Retarded: Arts and Crafts, Vol. 1, 1959, 74 pp., a compilation of contributions, suggestions and workshop productions of Wisconsin special class teachers.

A Potpourri of Ideas for Teachers of the Retarded: Practical Arts, Vol. 11, 1962, 86 pp., practical ideas and curricular suggestions for developing social, physical and pre-vocational skills of retarded children.

Individual Test Interpretation for Teachers of the Mentally Retarded, 1963, 8 pp., a practical analysis of four commonly administered individual intelligence tests.

Speech Development and Improvements for the Retarded Child, 1963, 13 pp., suggestions for use in speech development and improvement programs for the mentally retarded.

Developing a Modern Curriculum for Retarded Children Through Statewide Participation, 1963, 10 pp., a descriptive report of the planning and participation of state and local personnel in preparing a curriculum guide for the educable mentally retarded.

Primary Level Resource Guide for the EMR, 1964, 162 pp., suggestive resource guide for teachers of the mentally retarded. (two volumes)

Intermediate Level Resource Guide for the EMR, 1967, 120 pp., suggestive resource guide for intermediate level teachers of the educable mentally retarded.

Secondary Level Resource Guide for the EMR, 1967, 85 pp., suggestive resource guide for secondary teachers of the educable mentally retarded.

Trainable Level Resource Guide for the Mentally Retarded, 1966, 126 pp., one of the "We Do It This Way" series of suggestive resource guides for teachers of trainable mentally retarded.

Teacher Suggested Reference for Classroom Aids and Materials, 1964, 18 pp., references to works that have proven helpful in specific teaching situations in instructing the mentally handicapped.

Language: A Curriculum Guide for Special Education, 1966, 25 pp., a vehicle helpful in enriching the linguistic backgrounds of retarded pupils.

Programming Public School Services for Retarded Children in Wisconsin, 1967, 147 pp., designed to help in the orderly administration of programs for the mentally retarded at the state and local school levels.

Programming Homebound Services, reprint from Bulletin no. 7-45.

Programming Secondary Level Services, reprint from Bulletin no. 7-45.

Programming Elementary Level Services, reprint from Bulletin no. 7-45.

Programming Trainable Level Services, reprint from Bulletin no. 7-45.

Programming Multiple Handicapped Services, reprint from Bulletin no. 7-45.

Work-Study Program: A Facet of Special Education for the Mentally Retarded in Wisconsin, 1968, (brochure), provides general information on educating the trainable mentally retarded.